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Summary of midterm reviews and major evaluations of country programmes

East Asia and the Pacific region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2003.

Introduction

1. There were MTRs in five major countries in 2003. The increasing danger of HIV/AIDS, and an increased mobilization of UNICEF to deal with the issue, comes through clearly in the reviews. The evaluations section includes two evaluations of long-term social development programmes as well as an evaluation to be used to gear-up the fight against iodine deficiency disorders (IDD) in Indonesia. All MTRs and evaluations have resulted in changes in programmes or in the work of the UNICEF office or government partners.

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Country midterm reviews

Cambodia

2. The General Secretariat of the Council for Social Development acted as the Steering Committee for the MTR, which was coordinated by a joint secretariat from the Ministry of Planning and UNICEF. Five working groups were established to conduct programme-specific reviews. To reduce transaction costs for the Government, existing review processes were used, such as the annual review of the Education Strategic Plan, held in May 2003.

3. The working groups assessed achievements against objectives and targets and took stock of inputs, outputs and in some cases impacts, of programme interventions for 2001-2003. Each working group contributed to a consolidated report presented at the MTR meeting on 28 October 2003. The MTR meeting was well attended by government counterparts, United Nations agencies, donors and non-governmental organizations (NGOs).

4. **The situation of children and women**. Developments creating a better environment for the realization of children's and women's rights in Cambodia include: progress on decentralization; sector reforms, better coordination in health and education; and integration of the Millennium Development Goals and goals of *A World Fit for Children* into existing national plans. Other positive developments include maintenance of the country's polio-free status; a decrease in measles cases by over 90 per cent; a decrease in the HIV prevalence rate, to 2.6 per cent in 2002; improvement in access to primary education, with narrowing gender disparity (91 per cent for boys and 87 per cent for girls in 2002/2003); ratification of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2002); and the signing of a Memorandum of Understanding with Thailand on Bilateral Cooperation for the Elimination of Cross-Border Trafficking in Children and Women and Assisting Victims of Trafficking (2002).

5. Several important challenges remain: a persistently high infant mortality rate (IMR) and under-five mortality rate (U5M), with no clear decline in the last 20 years; high maternal mortality; serious malnutrition (45 per cent of children under five years of age underweight); low access to iodized salt (20 per cent as of 2002); low quality of education and related high drop-out rates; continued problems of trafficking and sexual exploitation of children, intercountry adoption, and children who are affected by HIV/AIDS, living and or working on the street, disabled and in conflict with the law.

6. **Progress and key results**. The *Seth Koma* (Community Action for Child Rights) programme raised awareness of child rights at all levels and improved coverage of basic services. The programme has assisted commune councils to act on child rights issues, and programme planning is now coordinated with the new nationwide commune development planning process.

7. The health and nutrition programme has helped to formulate national frameworks and policies, including the Health Sector Strategic Plan and plans for safe motherhood and nutrition. hepatitis B vaccine has been introduced, injection safety improved, and malaria mortality and incidence reduced. Innovative trials to improve the poor's access to essential health care, and community participation in

management of health centres, have been successful, leading to donor interest in implementation. Progress on nutrition included trials of weekly supplementation of iron/folate for schoolgirls and women of child-bearing age; and approval of a sub-decree legally requiring the iodization of all salt.

8. The proportion of the national budget for education has increased to more than 18 per cent. The development of strategic and policy frameworks for education have led to the Education Strategic Plan, Education Sector Support Programme and Education for All Plan as well as the drafting of an Education Law. Primary net enrolment has increased from 86 to 89 per cent — bringing the 2005 target of 95 per cent within sight. Substantial progress has also been made in reducing the gender gap.

9. The child protection programme implemented a national curriculum to train social workers. A national survey on alternative care was also undertaken, and minimum standards on residential care drafted. A large number (1,447) of child victims of trafficking, sexual exploitation and abuse were rescued and received assistance for recovery and reintegration. Important laws on adoption, trafficking and sexual exploitation, juvenile justice, and civil procedure, criminal procedure and the Penal Code are now under scrutiny. Law enforcement has been strengthened through police training and the establishment of a specialized department for human trafficking and juvenile protection. Mine-awareness education has been integrated into the primary education curriculum.

10. UNICEF helped facilitate the national response to HIV/AIDS by scaling up voluntary and confidential counselling and testing and supporting the prevention of mother-to-child transmission (PMTCT) of HIV. Buddhist monks are increasingly involved in prevention and care activities in communities.

11. The Government and children participated in the United Nations General Assembly Special Session on Children (2002) and related activities, including the "Say Yes for Children" campaign (2001), the Beijing and Bali Ministerial Consultations on Children (2001 and 2003), and the Cambodian Children's Forum (2003). High-quality programme-related information, education and communication materials were produced, and UNICEF provided support to major national surveys and monitoring systems, including *CamInfo* (a localized version of *DevInfo*). These helped strengthen the monitoring of national development strategies, including the National Poverty Reduction Strategy and the Cambodia Millennium Development Goals report.

12. **Resources used**. The programme expended $29 million during the first two years, $7 million in regular resources and $22 million in other resources. These overall figures are in line with the master plan of operations (MPO). However, Education ($10 million) spent about 50 per cent more than what was envisaged in the MPO, while *Seth Koma* ($3.4 million) and advocacy/social mobilization ($5 million) spent about half the anticipated amount in the MPO. Other programmes closely followed the MPO — $6.2 million for health and nutrition, $5.1 million for child protection, $2.6 million for HIV/AIDS and $1.4 million on cross-sectoral costs. The utilization of funds for 2001 and 2002 has been above 90 per cent.

13. **Constraints and opportunities affecting progress**. The rapid expansion of the programme for children in need of special protection has created many activities which now need prioritization and focus. The Government budget for social welfare

services remains very low, challenging sustainability for some activities. Reliable data are scarce and there is a lack of systematic monitoring mechanisms and analytical capacity to measure the impact of much child protection work.

14. While UNICEF resources for HIV/AIDS are small compared with funding from other donors, the programme is able to influence and promote Cambodia's response to the pandemic. The sizable flow of funds to the country for HIV/AIDS, while welcome, risks drawing so many resources into HIV/AIDS prevention that overall health and social services could suffer.

15. Notable achievements in gender mainstreaming were made in the education programme, but more work in this area is still needed: project documentation; a more systematic approach to reduce gender-based disparities; and greater efforts to ensure gender balance in capacity-building activities.

16. The participation of children and young people has been limited, although there are examples of children as "agents of change" in areas that include home testing of iodized salt, carrying messages on IDD and peer education on HIV/AIDS. Efforts to hear the voices of children and young people were made through activities such as youth clubs, workshops and congresses. More concerted effort is needed to make these initiatives systematic and sustainable.

17. Central-level intervention coupled with intensive support to specific geographic areas worked in a mutually reinforcing manner by feeding local experience into central policy development, even if national replication was difficult. The role and position of *Seth Koma* in the country programme needs to be assessed to further focus attention on a limited number of areas.

18. Programmes need to be made more results-based by improving the inherent logic of programme design and by strengthening the planning, monitoring and evaluation elements.

19. The experiences with the sector-wide approach and sector-wide management in Cambodia show that improved coordination among actors does not necessarily require pooling of resources but can be achieved through active involvement in needs-assessment and strategic planning. UNICEF must remain involved in the strategic dialogue on development in Cambodia to ensure that factors influencing child rights but lying outside the boundary of UNICEF-supported programmes are addressed. UNICEF will also advocate to rationalize the multiple processes of development planning and dialogue in order to reduce transaction costs.

20. **Adjustments made**. Links have been strengthened between *Seth Koma* and *Seila* (a nationwide Government programme of decentralization to support poverty reduction). The structure of the children in need of special protection programme has also been streamlined. These decisions are operationalized through programme logframes for 2004 to 2005 and the annual plan of action for 2004.

21. A major challenge for the office was to regularize the position of a large number of province-based temporary staff, an activity carried out in 2004.

China

22. The MTR began in March 2003 with agreement between UNICEF and the Ministry of Commerce on major objectives, themes, and focus. In addition to an

overall review of the country programme, the MTR focused on possibilities for strengthening activities in HIV/AIDS, early childhood development (ECD), and work in western China. Each programme established a task force to assess changes in the situation, results, and implementation experiences, using desk reviews, field trips and evaluations. The task forces also drew on special studies on migrant children, ECD, childhood disability, child injury, and an assessment of the social development in poor areas project. The SARS epidemic in March-June 2003 severely disrupted the review processes and adversely impacted the quality of the analysis. The MTR meeting was held on 18-19 November 2003 and included senior government officials, project directors from the Government, and representatives from the United Nations and bilateral donors.

23. **The situation of children and women**. China's rapid economic development has brought about major benefits for children and women. A joint assessment by the Government and the United Nations country team found that China is on track to achieve most of the Millennium Development Goals. However, disparities are increasing between rural and urban areas, men and women, and unskilled migrant workers and workers with training and education. Despite a high level of economic growth, some 88 million people in China live on less than $1 a day. Gender inequalities persist, and the birth ratio between the sexes continues to be unbalanced: the 2000 census found 117 boys born, compared with 100 girls, a ratio 10 points higher than the global norm.

24. The IMR and U5MR continue to fall, but considerably more slowly since the mid-1990s. Neonatal mortality as a proportion of infant deaths is increasing, and the leading cause of child death is shifting from communicable diseases to injuries. The maternal mortality rate dropped in the 1990s, but national figures mask great disparities, and access to emergency obstetric care in many rural areas is limited. Although undernutrition has fallen dramatically, many parts of China still show micronutrient malnutrition, especially that involving iron and vitamin A deficiency. Problems related to obesity and food safety are of increasing concern. China is one of the most seriously arsenic-affected countries in the world: an estimated 20 million people are exposed to arsenic, and 30,000 arsenicosis cases have been identified.

25. Official estimates indicate that 840,000 people in China have HIV/AIDS, up from 600,000 three years ago. While the overall infection rate is still less than 0.1 per cent, it is much higher in some counties and high-risk groups. The need for appropriate care for children orphaned by HIV/AIDS is gaining national attention. Reviews conducted for the MTR on child protection issues show that these are of growing concern. While enrolment in primary education remains high, disparities involving access, completion rates and quality of education are growing, with girls and in rural-area populations particularly affected.

26. **Progress and key results**. Country programme initiatives have contributed to the development or strengthening of national policy in a number of areas, including input to new policies for ECD, rural health reform, the incorporation of hepatitis B vaccination in immunization; foster care for orphaned and abandoned children; and policies and services for children who live or work on the street and children of migrants. Programmes have also developed pilot approaches and models to be scaled up by the Government, but some need more clarity to be of greater use. To build on the record of the first three years, there is a need for more timely and systematic monitoring and documentation of pilot projects and fine-tuning of the

dissemination of knowledge and policy support. Projects have contributed directly to several results: the review and strengthening of management systems, including Management Information Systems; improved supervision and monitoring of health services; and promotion of strengthened regulations and national standards on food quality and health care.

27. Knowledge acquisition and dissemination in individual sectors and through the National Working Committee on Children and Women (NWCCW) and other national institutions has been strengthened. Progress has been made in raising awareness of the National Plan of Action (NPA) for children and supporting the development and monitoring of local-level plans of action for children in project counties, but more effort is needed to promote use of these plans in counties not directly supported by UNICEF. Achievements in communication include production of a Chinese version of *Facts for Life*, and development of a media vehicle to reach "900 Million Farmers" with a wide range of health and development messages.

28. Collaboration with United Nations agencies has increased: UNICEF chairs the United Nations thematic group on HIV/AIDS, leads the Common Country Assessment (CCA) database task force and contributed to updating the CCA.

29. **Resources used**. The programme expended more than $50 million during the first three years: $35.7 million regular resources and $14.6 million other resources, about 85 per cent of planned resources and 91 per cent of available resources. The available resources were 93 per cent of what was planned in the MPO. The health and nutrition programme exceeded its resources ceiling by 13 per cent, and child's environment and sanitation raised the amount of money planned. Other programmes were 10-40 per cent below their resources ceiling. The programme has utilized funds well and has made concerted efforts to increase other resources available to the programme; however, fund-raising for China remains challenging.

30. **Constraints and opportunities affecting progress**. Activities with service-delivery components need to incorporate training in technical and management issues. Activities in all sectors need more systematic monitoring, assessment, documentation, and dissemination of experience. To ensure sustainability, more effort in advocating national and provincial funding is required.

31. Opportunities exist for strengthened collaboration between sectors on cross-cutting themes such as HIV/AIDS, ECD and child protection, and for greater geographic convergence.

32. Though considerable experience has been gained in creating and building partnerships, a key strategy, partnerships remain focused on individual projects and activities. Collaboration with NWCCW is central to an integrated perspective on children's issues linked to the NPA process. Ways to further strengthen this partnership are being explored.

33. The planning, advocacy, communication and knowledge (PACK) programme has had some significant achievements in promoting the generation and dissemination of knowledge about children's issues; documenting, assessing and identifying lessons from project experience, especially for successful initiatives; and facilitating communication to the public and policy makers.

34. **Adjustments made**. The structure, objectives and strategies of the country programme are appropriate, and no changes were proposed. However, in line with

corporate policy, the communication for behaviour change project activities of the PACK programme will be integrated into sectoral programmes. Increasing emphasis will be given to emerging issues such as child protection, ECD, child injury and fighting HIV/AIDS. UNICEF will continue to address the problems of children living in poverty, particularly in areas that have not benefited fully from China's economic development, while at the same time seeking greater programmatic and geographic convergence.

35. UNICEF support will continue to evolve in line with China's development and will increasingly focus on policy development by emphasizing knowledge acquisition, advocacy, communication and planning. Staff changes include the establishment of posts for a senior international and a national officer, focusing on policy development, research and advocacy, and establishing a national officer post for communication for outreach to the Chinese media. These new posts offset post reductions in other areas.

Indonesia

36. The country programme provides support to national programmes, 9 province-level programmes, and 40 district-level programmes. It also provides emergency support to conflict- or disaster-affected areas. The MTR process was correspondingly multi-layered, involving government partners from all three levels, non-governmental and civil society partners, and other United Nations agencies. Studies and evaluations were conducted from late-2002 to October 2003. In mid-2003, UNICEF and its national partners developed MTR assessment tools. The MTR was conducted from the district level upwards, feeding into provincial and national-level processes. The development partners of UNICEF also carried out a frank assessment of UNICEF cooperation over the last three years. The final MTR meeting, held on 21-22 October 2003, was inaugurated by the State Minister for National Development Planning and was attended by other United Nations agencies, non-governmental organizations (NGOs) and bilateral donors.

37. **The situation of children and women**. As shown by the Government's Millennium Development Goals report, Indonesia has made substantial progress in child health and education, but has lagged in other areas, such as nutrition and maternal health. The report shows wide variation between provinces in nearly all indicators. Immunization in general has shown improvement since the 1990s, but DPT3 coverage is still only 58 per cent. The HIV/AIDS epidemic in Indonesia is concentrated, with high rates of HIV infection among injecting drug users and commercial sex workers. In September 2003, the Government estimated that 90,000 to 130,000 Indonesians were living with HIV/AIDS. The Government has recognized the challenges in child protection, and has significantly improved the protective environment for children through laws and Plans of Action (see below).

38. The return or resettlement of many internally displaced persons (IDPs) has reduced their number, from over 1 million in 2001 to about 500,000 by mid-2003. The overall situation has improved, but peace is still fragile and sporadic violence occurs. Areas previously affected by conflict have yet to recover fully and still need support. Since May 2003, the province of Aceh has seen over 800 civilian deaths, 110,000 IDPs, and more than 600 schools and 32 health centres destroyed. Exposure

to violence and other human rights violations have led to widespread psychological and social problems.

39. **Progress and key results**. Achievements can be seen not only in the coverage or outcomes of particular initiatives but also in the way other partners have taken up the activities. Maternal health projects, reaching 80 per cent of women in project areas with antenatal care services, are now being replicated elsewhere; participatory approaches used by the water and sanitation programme and methodologies for the local production of components have been replicated by local governments; the "creating learning communities for children" programme is being replicated by local governments and other donors and has expanded from 79 pilot schools in 2000 to 826 in 2003; the UNICEF-supported localized peace education curriculum in Aceh reached 59,100 senior secondary students, and is proposed to be expanded further; the UNICEF-supported model for early childhood care and development in two provinces has been replicated by government and non-government partners.

40. The programme also supports broad delivery of basic social services, including support to the following efforts: immunization campaigns reaching almost 22 million children; vitamin A supplementation reaching 14 million children (75 per cent of all children under five); 2 million women of reproductive age in high-risk areas being protected against tetanus; a measles school catch-up project covering some 350,000 children; and new cold chain equipment being supplied to a quarter of health centres in 16 provinces.

41. As part of decentralization, the programme concentrates efforts on 40 districts: supporting consultative and participatory planning processes and situation analyses for evidence-based planning; advocating for district development-budget allocations to programme activities; and supporting district-level tracking of key indicators. These districts are also where most of the models and approaches are tested.

42. The programme uses field experience and international expertise to inform policy development. Examples include support for policy on growth monitoring and promotion, and for gender analysis of educational materials. In child protection, the work of UNICEF (with other partners) involves establishing a knowledge base (often using participatory research), contributing to policy development, and piloting projects to show how the policies can be put into practice. These approaches have contributed to several results: three NPAs — for eliminating commercial sexual exploitation of children, eliminating the worst forms of child labour, and combating trafficking in women and children; a Child Protection Law; draft legislation on civil registration; and the establishment of institutional child protection mechanisms. Psychosocial work within the emergency support programme has also contributed to the review of psychosocial and mental health policies and has led to the development and piloting of a psychosocial curriculum for school teachers.

43. The programme uses evidence-based advocacy and communication methods, such as for salt iodization and for school enrolment. Evaluations of an education communication initiative demonstrated that parents' awareness about the nine-year basic education initiative increased from 59 to 68 per cent from 2002 to 2003.

44. The UNICEF response to HIV/AIDS, begun only in late 2002, has already contributed to several results: an increase in knowledge about young people and HIV/AIDS prevention and care; new partnerships with civil society, youth and

traditional leaders; and the development and implementation of programmes to educate adolescents on HIV/AIDS.

45. The programme has helped hundreds of thousands of children in conflict-affected areas to continue their education through the provision of educational supplies and teacher training. Communities have also benefited from health supplies and renovated water and waste systems. In addition, the programme assisted peace-building, psychosocial support, and community-resilience initiatives bolstering indigenous capacities for contributing to peace.

46. In May 2003, UNICEF supported the Sixth East Asia and Pacific Ministerial Consultation on Children, hosted by the Government and opened by the President of the Republic of Indonesia. This event helped raise awareness on child rights in Indonesia.

47. UNICEF chaired the United Nations Task Force supporting the Government's first Millennium Development Goals report, launched in 2004. UNICEF also supported the development of the National Programme for Children in Indonesia 2015, the country's follow-up to the United Nations Special Session on Children.

48. **Resources used**. The programme has received a little more than $5 million in regular resources each year. Since early 2002, programme quality-assurance measures and active resource mobilization helped bring other resources to about $17 million in 2002, and the same amount again in 2003. These sums reached the target amounts overall, but not always the targets for each individual programme. Financial implementation rates for available resources were good for regular resources and are improving for other resources. The main reasons for the low other resources implementation rate in 2001 were the UNICEF office restructuring and the focus in the districts and provinces on the district planning process.

49. **Constraints and opportunities affecting progress**. The main constraints for the programme include weak local capacities — coupled with the intensive work needed from district counterparts in preparing cash-assistance proposals that meet UNICEF rules and regulations — and the timely liquidation of cash assistance. District authorities are ill-equipped for these tasks required by decentralization.

50. Opportunities for UNICEF include strong partnerships at national, provincial and district levels with both government and non-government entities, and the potential offered by successful models and approaches implemented at district and province levels. In addition, the decentralized structure of UNICEF, especially its zone offices, offers greater opportunities for advocacy with local governments, for monitoring, and for capacity-building.

51. **Adjustments made**. The HIV/AIDS elements within the health, education and emergency programmes were consolidated into a new programme, fighting HIV/AIDS. Several project objectives were modified and strategies refined or redesigned. For example, the "whole child" education project was phased out, its more positive aspects incorporated into the creating learning communities for children project.

Myanmar

52. The MTR focused on the major components of the programme as well as management processes and systems. In order to ensure objectivity and credibility, sectoral assessments were carried out by independent assessment teams, as were the majority of cross-cutting thematic assessments. Through joint reviews involving all major stakeholders, the process further strengthened partnerships, a programme goal.

53. **The situation of children and women**. The main progress was seen in programmes using campaign-style approaches and intensive resources focusing on one goal (eradication of polio, distribution of vitamin A, iodization of salt, and construction of latrines). The areas requiring systemic changes (basic education and health services) will continue to need long-term advocacy, investment, social mobilization, and training, as well as increased government and external resources. Disparities remain pronounced in the country, although with increased access to more remote locations since the mid-1990s (primarily due to cease-fire agreements and increased infrastructure development), there has been some improvement in widening access to some basic social services. The IMR, U5MR and maternal mortality ratio remain high. While enrolment figures for primary school are impressive, only half of children complete their primary education. There is wider recognition of the fact that many children need protection, including children working, trafficked, living or working on the streets, in conflict with the law, involved in armed conflict, institutionalized and disabled.

54. **Progress and key results**. The first objective of the programme is the development of partnerships for promoting and realizing the objectives of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Partnerships have expanded, notably for child protection and children affected by HIV/AIDS. There are partnerships with 20 government departments, 14 international NGOs, 18 other NGOs, as well as with the private sector and other members of civil society, including parent-teacher associations. Partnerships with other United Nations agencies have been strengthened, particularly regarding programmes on HIV/AIDS, immunization, and trafficking.

55. The second objective is to work nationwide to reduce disparities in immunization, vitamin A supplementation, sanitation and consumption of iodized salt. Overall, the high reported levels of immunization (around 79 per cent in 2003) have continued in accessible areas, and the last recorded case of polio occurred in 2000. Vitamin A supplementation has increased, as has access to sanitation (to 76 per cent in 2003) and consumption of iodized salt (to 83 per cent in 2003).

56. The third objective is to reduce transmission of HIV/AIDS and its impact. UNICEF priorities now focus on HIV prevention among young people, PMTCT, and support for children and parents living with HIV/AIDS, with substantial advocacy efforts being made in close coordination with other partners and donors and within the framework of an expanded thematic group on HIV/AIDS.

57. The fourth objective concerns a multisectoral effort to improve the lives of women and children in Area-Focused Townships (AFTs), where a convergence of health, education, and water/sanitation initiatives are provided in townships located in the most disadvantaged states and divisions. Documented improvement was made

in the quality of services available to the families in accessible areas of these townships, due to increased training, supplies, and equipment. The final decision on the way forward with the AFT approach (consolidation of programmes in existing AFTs or further expansion, as outlined in the MPO) was deferred to follow-up discussions.

58. The final objective is to increase the availability of reliable data for planning, programming and monitoring. Several national surveys (including multiple indicator cluster surveys in 2000 and 2003) and strengthened routine monitoring systems (including the Health Management Information System, the revised Vital Registration System, the Education Information System, and AFT monitoring) have increased the availability of data. Township-level information for AFTs is also now available. There is an integrated United Nations country team effort to coordinate survey initiatives and results and to systematize the information.

59. **Resources used**. The programme disbursed $28.5 million in 2001 and 2002, about 75 cents per child per year. This comprised $13 million in regular resources and $15.5 million in other resources. Expenditures were 92 per cent of regular resources and 75 per cent of other resources. The programme raised 7 per cent more regular resources in the first two years than envisaged in the country programme recommendation, and 74 per cent more other resources. These extra other resources were not equally spread across programmes: health/nutrition mobilized $18 million for the first two years, against a planned ceiling of $5.4 million; water/sanitation mobilized $250,000, against a ceiling of $1.8 million; and education/child protection mobilized $2.5 million, against a ceiling of $4.8 million.

60. **Constraints and opportunities affecting progress**. As mentioned above, the fact that in Myanmar there are limited numbers of international NGOs with broad mandates and of effective local NGOs is a major impediment to the scaling-up of several programmes. Another important constraint is the political situation, which limits resource mobilization primarily to what is perceived as humanitarian support. This is why the funding for health far exceeds that for education. A related constraint is the low level of government allocations — as well as of donor support — to the social sectors overall. While the limited technical capabilities at the local level are constraints, the fact that the programme focuses on developing these local capacities, both at the township and at the community levels, offers opportunities for improvement. Because of its broad mandate and wide coverage, UNICEF has unique opportunities to support, monitor and encourage a broad range of partners and activities both within and outside of government. The presence of field officers stationed throughout the country who specialize in monitoring the interventions of UNICEF is an important part of these efforts.

61. **Adjustments made**. The programme will continue to focus on developing integrated interventions for particularly disadvantaged women and children in AFTs (particularly the more remote ones), and will continue to monitor the results closely. HIV/AIDS initiatives will expand, including through the school-based healthy living and HIV/AIDS prevention education (SHAPE) programme focusing on life skills both in and out of school. Support will increase for measles control, malaria prevention, maternal/neonatal tetanus, and nutrition interventions. Support for ECD will be expanded, and efforts will be made to address the special needs of basic education in remote townships with newly-raised funds. In child protection, developments will focus on several areas: advocacy and training; protection of

children from exploitation, abuse and neglect; juvenile justice; and protection for those deprived of primary caregivers. To strengthen sub-national capacity to gather and utilize data, *MyInfo* (adapted from *DevInfo*) will be expanded, and guidelines developed on indicators appropriate for Myanmar.

Viet Nam

62. The Ministry of Planning and Investment and UNICEF agreed on MTR contents and processes in October 2002. Consequent studies and evaluations were included in the Project Plans of Action in 2003. In July 2003, the Ministry and UNICEF disseminated guidelines on MTR preparation, and in July-August 2003, the two agencies conducted review meetings with all counterparts in the sectoral programmes and projects. UNICEF prepared a draft MTR report for comments, and the Ministry prepared an MTR report for the Government. Both reports were shared and discussed in the September 2003 MTR meeting, which involved the Government, UNICEF, other United Nations agencies, NGOs and bilateral donors. A consensus document was created.

63. **The situation of children and women**. The MTR identified five "emerging issues" to be addressed by future programmes: (a) Viet Nam enjoys relative equality in health and education, but *inequality* is increasing, affecting especially the rural poor population, including ethnic minorities; (b) the Government's *decentralization* programme has given more decision-making power to provincial and other local areas, though much central control remains; (c) the Government is greatly emphasizing support and strengthening of *the family*, and to this end established social work as a profession: (d) elements of *protection* of particularly vulnerable children are also being put in place (in recognition of problems such as trafficking and commercial sexual exploitation), and a juvenile justice system is in formation; (e) increased attention is also being paid to *adolescents and youth*, the fastest-growing age group, as they face problems of sexually-transmitted diseases, drug use and HIV/AIDS as well as depression and suicide; (f) and *HIV/AIDS*, which affects more than 250,000 children, is given great importance.

64. **Progress and key results**. All programmes report that they are on track for achievement of goals in the MPO, as far as can be measured. The human rights-based approach to programming was highlighted, and UNICEF has been asked to take a lead in assuring rights-based analysis and planning in the CCA and the United Nations Development Assistance Framework.

65. The Health and nutrition programme has helped to develop the capacity of various service providers; has supported national campaigns for measles and polio, with coverage rates of 99 per cent; and has maintained high coverage of vitamin A and iron folate supplementation, as well as high levels of iodized salt consumption. Access to safe water nationwide increased from 42 to 51 per cent from 2000 to 2002, due to intensive work by the Government, UNICEF and many major donors. A National Arsenic Coordination Committee was established, which helped prepare a Plan of Action (2003-2004) to mitigate the effects of arsenic in groundwater.

66. The education programme was central to enhancing the quality of kindergartens and primary schools. The programme also added healthy-living life skills components to reach out-of-school as well as enrolled children and led a

media campaign on early childhood care and development, which helped to increase inter-agency collaboration.

67. The rights promotion and child protection programme has built a core group of allies and child rights advocates among government and other partners. UNICEF provided assistance to the Government for its reporting to the Committee on the Rights of the Child, for harmonizing laws with the Convention and for improving child protection. Together with other partners, UNICEF supported efforts that expanded birth registration from 72 to 87 per cent of children between 1999 and 2002. In 2001, the "Say Yes for Children" campaign enabled 825,000 people to vote on which issues they felt most important for children. Journalists were trained on children's issues, and junior reporter clubs were supported. Another important rights and protection area, emergency preparedness and response, has been considerably enhanced during this country programme.

68. The Viet Nam office was requested by auditors to make a special report to the Executive Board on the programmatic development and funding status of childhood-injury prevention activities. This prevention work started after approval of the current country programme (E/ICEF/2000/P/L.13/Add.1), which is why a request was made to the Executive Board for approval of stand-alone funding (E/ICEF/2001/P/L.66). Funds totalling $4 million have already been received, $2.4 million of which have been expended. The National Policy on Injury Prevention was officially approved in 2001, and has been followed by a national conference, a national household survey and other epidemiological surveys, and promotion of awareness about the issue through mass media, public events and mobile communication teams.

69. **Resources used**. During the first three years of the country programme, $28 million was spent on programme activities, which amounted to 66 per cent of available resources. In turn, the $42 million available for spending was 92 per cent of the amount approved. The regular resources allocated to the programme for 2001-2003 actually exceeded the amount anticipated by 8 per cent ($1 million), and 86 per cent of the envisaged other resources ceiling was raised. The health and nutrition programme raised 29 per cent more other resources than envisaged, and education was on target. Communication, rights and advocacy managed 80 per cent of their ceiling, and other programmes substantially less. Expenditure rates were high for regular resources (92 per cent), but lower for other resources.

70. **Constraints and opportunities affecting progress**. For more than 10 years, a central strategy for programme implementation has been the Area-Focused Approach (AFA), in the expectation that convergent service delivery would enhance programme results. During these years, the number of AFA districts was reduced from 124 to 66, and many project activities do not fall within those AFA districts. Even within those districts, inter-project coordination is not guaranteed.

71. UNICEF cooperation has followed the Government's decentralization policy by working with provincial, district and commune officials. The programme has worked well to provide direct financial support to the provincial authorities, rather than encumbering the central Ministries, but this success (which has led to increased efficiency) needs to be bolstered by further strengthening of local partners in project management.

72. **Adjustments made**. The Government and UNICEF agreed that this MTR should not lead to major structural changes, as it was too early in the programme. Therefore, many MTR recommendations are for the next country programme. However, minor structural adjustments are being made, such as the reformulation and readjustment of some project objectives and indicators.

73. The project plans of action in 2004 have incorporated recommendations for increased technical assistance for laws, policies and monitoring in the area of child protection. MTR studies and recommendations are being used as part of the situation analysis (just being completed) and CCA, into which the analysis feeds.

74. The MTR also led to a number of adjustments in programme management. In particular, the programme planning processes have been revised and re-timed in order to avoid the late approval of Project Plans of Action. This resulted in plans for 2004 being approved much earlier in the year than were plans in previous years.

Major evaluations and studies

75. In China and in Cambodia, social or community-based development programmes were reviewed after many years of implementation. The reviews focused on effectiveness and impact, not on efficiency. In Cambodia, the availability of a control group allowed for comparisons to be made between results achieved from the programme and those achieved as a result of nationwide development, and the programme appeared to have realized little more progress than had the rest of the country. In China, by contrast, no comparison was made between project and non-project areas.

Seth Koma survey in Cambodia

76. The *Seth Koma* programme (operational under different names since 1998) promotes community organization and mobilization to facilitate provision of basic health and nutrition services and educational activities. The programme is implemented in 1,150 villages covering 700,000 people, including 60,000 children under five.

77. The assessment found that the level of *provision* of the majority of services is high in almost all *Seth Koma* villages. Compared with control villages, *Seth Koma* villages showed significantly higher rates of provision of microcredit, childcare, training, maternal vitamin A supplementation, weighing during pregnancy, and child growth-monitoring.

78. However, *Seth Koma* villages showed only slightly greater *use* of many services. Moreover, there was no real difference in the use of services between the general population and vulnerable populations, and this indicated that the needs of the vulnerable populations were not emphasized as required in a well-designed programme. In addition, any improvement found in maternal and child nutrition could not be attributed to the programme.

79. Further, the assessment showed that after more than five years of programme activity, underweight decreased by 25 per cent, maternal low Body Mass Index decreased by 19 per cent, child anaemia decreased by 11 per cent and maternal

anaemia fell by 7 per cent. Nevertheless, the levels of these indicators remain high enough to represent serious public health problems. Similar trends and levels were found in the control populations, with improvements in indicators likely due to economic development and improved preventative health care.

80. *Seth Koma* has delivered tangible products such as tubewells and latrines. The population in programme areas is more likely to have access to, and make use of, safe sources of water. By contrast, there has been no significant increase in latrine usage compared with control areas, despite great efforts in latrine training and construction. *Seth Koma* also delivers intangible products such as training, health education and community organization and mobilization for increased use of services. The most impressive accomplishments were the high rates of neonatal tetanus vaccination and full vaccinations, including vitamin A supplementation, for children.

81. One central aspect of the programme that has not been successful is growth monitoring, an activity that encourages parents to actively care for the health and nutrition of their children. The programme succeeded in monitoring only two thirds of children under five, and only one third of mothers could read a growth chart. The impact of growth monitoring is limited because the activity is too infrequent at three times a year, and the implementers lack the training to communicate clear, action-oriented health messages.

82. Based on the report's recommendations, *Seth Koma* has since made several changes: It streamlined its activities by focusing on key competencies and building strong support and oversight for those activities; it mainstreamed child rights in the Decentralization Reform, building the capacity of the newly elected commune councils to deal with women's and children's issues; and it reduced the number of basic services supported in response to commune development plans by focusing on water and sanitation and community education, which includes literacy, childcare classes and community education on health and protection issues. In 2004, the areas of agriculture, environment and income-generation will be phased out, as will credit projects in 2005. The number of government counterparts is also being reduced to build stronger partnerships. *Seth Koma* is now focusing on developing strong relations with Ministries directly involved in the Decentralization Reform. Relations with Ministries, such as Health, Education and Social Affairs, are being addressed in sectoral programmes. To increase sustainability, the programme is now implemented through official provincial structures rather than through a parallel provincial working group.

83. The programme will follow the survey's recommendations on strengthening the relations between health centres and village health volunteers and discontinuing growth monitoring and promotion. There will be a review of the collaboration between health centres and village health volunteers and other local networks. With the participation of the Ministries of Health and Rural Development, the review will look at the current practices, achievements, constraints and opportunities of such collaboration.

Social development programme for poor areas (SPPA) in China

84. This programme started in 1996 with the objective of assisting poor children by reaching poor women with a range of capacity-building and empowerment

activities. The programme uses microcredit to help raise family incomes to better enable families to take care of their children. This is accompanied by investments in education, health and the strengthening of the capacities of families to take care of their children. The model resembles BRAC in Bangladesh more than it does simple microfinance.

85. An impact-assessment of SPPA carried out in 2000 concluded that the programme had achieved its objectives, producing significant changes in the well-being of families of borrowers. The programme was to be phased out over three years, its principles extended to other counties with a stronger local planning and capacity-building component. The extended programme, called Local Planning and Action for Children (LPAC), would be managed by the Government with oversight from UNICEF. By the end of 2002, there were an estimated 66,000 active borrowers and 226,000 women trained by SPPA. The total financial input in SPPA was almost $10 million over 5 years, of which about half was for microcredit.

86. An examination of the sustainability of achievements and of future directions was conducted by examining the "social" sustainability (changes in the social and behavioural practices affecting children), the operational sustainability (the programme's ability to meet operational costs), and the institutional sustainability (national capacity to continue the programme).

87. Social sustainability was assessed through a tracer survey of 150 of the 600 households covered in the 2000 survey. The results show that the changes seen in the behavioural practices of borrowers in 2000 have been sustained and extended. Water sources are improved, households have improved sanitation facilities, iodized salt is added universally at the end of cooking and more households are aware of HIV/AIDS. In addition, many more households reported eating animal protein and fruits more frequently; 99 per cent of households indicated that SPPA was beneficial to them; 83 per cent felt they could not borrow easily from the formal system if the SPPA option was not available; and 61 per cent felt they would be worse off if they could not continue to borrow.

88. Operational sustainability was assessed through an examination of the repayment rate and the cost of operations, including imputed salary costs, but not including the cost of training activities, since these are not directly related to the credit operations. About half of the counties in both SPPA and LPAC have repayment rates of over 90 per cent, the minimum criterion for a self-sustaining credit scheme. If imputed salary costs, currently met by the Government, are included, then the number of counties not operationally sustainable would increase. Whether SPPA and LPAC will remain operationally sustainable depends on how they will continue to be managed and funded, and on the commitment and capacity of the Government.

89. The issues surrounding institutional sustainability are much more complex. Government policy with regard to microfinance is evolving and needs further reforms before non-bank institutions can legally conduct microfinance operations. In the short term, however, support provided by UNICEF should remain sustainable through some national body if the impact is to be sustained and extended.

90. Though the SPPA programme has brought about and sustained significant changes in the lives of the borrowers, the study did not attempt to assess if a similar impact would have been observed with or without credit. Other important elements

of the programme still need to be addressed, such as the efficiency in the management of the credit operations and the continuation of the support for social development, local planning and capacity-building activities. Sustaining these within the current institutional options will be a challenge. Given government commitment, these programmes can be sustained in the short run, with some improvements made in their management for ensuring higher recovery rates for the loans and operational self-sufficiency. The search for longer-term options continues.

Review of progress towards sustained elimination of IDD in Indonesia

91. In 1990, the Government of Indonesia committed to the elimination of IDD and reinforced this commitment in 2002 at the United Nations Special Session on Children by affirming "Sustained IDD elimination by 2005". In spite of considerable national investments, supported by UNICEF and the World Bank, iodized salt coverage among households has stagnated at around 65-70 per cent for more than five years.

92. In the 1990s, decrees mandated that all salt for human consumption be iodized. For salt producers, the decrees defined a national quality standard, licensing requirements and criteria for processing, packaging and labelling of iodized salt. The review showed that this national standard is being practised by the larger-scale salt-processing industries but not the majority of smaller-scale producers, who often avoid formal inspection or enforcement. Yet these smaller producers provide household salt to a large part of the population.

93. The review identified these and other gaps and recommended district-specific approaches that would take account of the differences in progress among districts. In places where the use of iodized salt is above 90 per cent, steps should be taken to consolidate and sustain efforts. This will require the persistent enforcement of district legislation that prohibits the import, sale and trade in non-iodized salt, combined with annual reviews by district leaders. Districts with less than 40 per cent of salt iodized and large numbers of salt farmers should map the salt flow from harvest to consumption and apply new ways to assure that the salt undergoes processing, including iodization.

94. The review also identified the elements required at national and at district levels: political commitment, well-defined goals, enabling policies, an effective strategy aligned with realities and opportunities, and effective information management, communication and programme implementation.

95. The review noted that UNICEF had been a consistent, strong partner in IDD elimination, especially through its continuous presence, policy influence and technical expertise. The report recommended that UNICEF emphasize the development of the capacities of districts to manage the actions identified in the district-specific analyses. UNICEF should also continue to direct some resources to national efforts, and enhance the advocacy, guidance, technical assistance and knowledge channelled through public, industry, civic and community organizations.

96. Some of the review's recommendations have influenced the strategies adopted in the newly drafted National Plan of Action for IDD Elimination, such as a targeting scheme, and using the monitoring of urinary iodine excretion as a primary

indicator (as opposed to total goitre rate, a less sensitive indicator). The Government will also prioritize law enforcement for non-compliant producers and distributors. Rapid test kits will be used as the primary monitoring tool.

97. Using the findings and recommendations of the IDD elimination review, the UNICEF country office now focuses more on district-specific action plans. Attention has turned from the large to the small salt producers and on efforts to stop the flow of the small producers' non-iodized salt from reaching the market. Also emphasized are simple technologies to iodize salt.

Conclusion

98. The MTRs and evaluations show how important it is for UNICEF to review its work, and how much can be learned. Among the many initiatives being carried out, the region is focusing on efforts to support decentralization; community-based programming, especially in securing access to basic social services; and mobilization of communities, particularly in the fight against HIV/AIDS and child protection. However, one of the main conclusions of the reviews and evaluations is that more efforts are needed to build the capacities of districts and communities to plan, implement and monitor programmes, and special emphasis should be placed on reaching the most vulnerable populations. These are areas that UNICEF has begun to address. Indeed, a first region-wide evaluation in 2004 will assess the effectiveness of capacity-building as a programme activity.

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Summary of midterm reviews and major evaluations of country programmes

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The two MTRs and four evaluations described in the present report were conducted during 2003 or early in 2004.

I. Country midterm reviews

Bangladesh

1. **Introduction.** The midterm review (MTR) of the Bangladesh country programme for 2001-2005 was completed in the third quarter of 2003. The review was carried out under the guidance of the Government and UNICEF through joint project and programme review teams and with the participation of donors and non-governmental organizations (NGOs). There was a special assessment of training activities, which form a major component of several UNICEF-funded projects and

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are a key tool in strengthening capacities. Assessments of the sector-wide approaches (SWAPs) for health and nutrition, and of gender mainstreaming, life-skills based education, capacity-building, and rural water supply and hygiene education projects also informed the MTR.

2. **The situation of children and women.** In addition to the cluster survey of the expanded programme on immunization (EPI) and the national nutrition survey, a multiple indicator cluster survey (MICS) was conducted in 2003. Many of the indicators for Bangladesh do not show much change over the last few years, although the under-five mortality rate (U5MR) decreased from 92 per 1,000 live births in 1998 to 82 in 2001. Some two thirds of infant deaths are related to neonatal problems and one third by such causes as diarrhoea and acute respiratory infections (ARI). A 2003 study sponsored by UNICEF found that injuries and accidents cause 29 per cent of deaths among children aged 1-4 years, and 38 per cent of all deaths in the age 1-17-year group, with 59 per cent of those due to drowning. Child malnutrition remains a major concern. About 45 per cent of pregnant women and 76 per cent of children aged 6-11 months are anaemic. The net enrolment ratio for primary school rose from 82 per cent in 2000 to 83 per cent in 2003 (84 per cent for girls and 81 per cent for boys). Data from the Fourth National HIV Surveillance revealed that the HIV prevalence rate has increased from 1.7 to 4 per cent among injecting drug users in central Bangladesh. The total number of working children (5-17 years) was found to be 7.9 million in 2003, 1.3 million of whom are engaged in hazardous labour. Child domestic labour is of particular concern. The age of criminal responsibility for children in the country is still seven years, and relevant laws are being revised.

3. **Progress and key results at midterm.** The country programme has five programmes and 15 projects, including new initiatives in the areas of early childhood development (ECD), HIV/AIDS, adolescent rights and emergency obstetric care. The programme is now more closely aligned to the medium-term strategic plan (MTSP), particularly through enhanced attention to HIV/AIDS and convergence of project activities for integrated ECD.

4. The objective in girls' education is to contribute to achieving the national goal of 95-per-cent net enrolment, 80-per-cent completion of the five-year cycle, achievement of acceptable levels of learning outcomes and provision of quality basic education for working children. In support of this objective, the Intensive Education for All (IDEAL) project has been expanded to nearly 37,000 primary schools in 36 districts, benefiting a total of 9.6 million children. Every Assistant *Upazila* (subdistrict) Education Officer (numbering 2,233) and 87 per cent of teachers (79,636) of government, registered non-government, community and satellite schools have received training in multiple ways of teaching and learning. A recent study conducted by the Japanese International Cooperation Agency found higher attendance and completion rates in IDEAL schools, with students from these schools performing significantly better than those attending other schools. From 2004, IDEAL will be integrated into the government's Primary Education Development Project II, the SWAP for primary education. The project on education for urban working children has reached 339,150 children, 57 per cent of them girls, although less then 80 per cent of those enrolled were found to be working children. The ECD project for 3-to-5-year olds is a innovative new intervention. Advocacy and orientation cover 46 districts, and specific interventions in pre-schools have begun in the Chittagong Hill Tracts and urban slums.

5. In health and nutrition, the objective is to contribute to SWAPs in these areas. The activities and results are integral to the two national programmes, the health and population sector programme and the national nutrition programme, with no separate objectives being set at the programme level. During the past three years, the country programme's contribution to these SWAPs has shown significant achievements in several areas, including immunization, interruption of transmission of the wild polio virus, increased coverage for vitamin A supplementation and improved emergency obstetric care services. For example, the percentage of fully immunized one-year-old children increased from 53 per cent in 2000 to 62 per cent in 2003 and 86 per cent of newborns are now protected against neonatal tetanus at birth. UNICEF supported training on ARI for service providers and managers. Consumption of iodized salt remains at 70 per cent but efforts are underway for the private sector to cover 100 per cent of the cost of potassium iodate, and the Government and UNICEF have identified quality control of iodized salt as a key priority. Vitamin A coverage increased from 81 per cent in 2000 to 94 per cent in 2003 because it was twinned with polio immunization. The women's health project has been scaled up significantly. Of 123 facilities, 104 are functioning either as comprehensive or basic emergency obstetric care facilities. In these facilities, the number of deliveries increased by 54 per cent, the number of complications treated by 127 per cent and number of caesarean sections by 56 per cent. Various partnerships have been created and strengthened. In the area of HIV/AIDS, the main contribution has been in advocacy and communication, and development of life-skills-based education.

6. In water supply and sanitation, the programme supports the national objectives of 80-per-cent coverage for safe water supply and sanitation facilities, and improved personal hygiene practices by 60 per cent of the population. Under the arsenic mitigation project, over 1 million tube-wells have been tested in the 45 targeted *upazilas* where an intensive awareness campaign has been conducted. Alternate options for safe water have been built, benefiting over 200,000 people. The emphasis is now shifting to the provision of safe water options in areas with the highest level of contamination and support to the government health system to detect arsenicosis patients. Coverage in the rural sanitation project has increased significantly in the intervention districts, with construction of 54,214 latrines and mobilization of approximately 5 million people for shelter and hygiene promotion and demand creation. Over 4,800 primary schools have been supported and school committees set up for school sanitation and hygiene education. About 40,000 student brigades (consisting of five or six children each) have been formed and given training on sanitation and hygiene promotion for mobilization activities in their communities. In the urban project, sanitation coverage has reached 60 per cent in the 14 targeted cities and towns.

7. Work in child protection is focused on: achieving a functioning universal birth registration system; increased knowledge and awareness of gender discrimination; the protection rights of children and women; and improved services to victims of violence. Intensive work has been undertaken in birth registration, with locally developed awareness strategies involving interpersonal channels and meetings with stakeholders in 14 districts and four city corporations. A pilot initiative is underway to link birth registration to immunization in rural areas. An integrated approach is being promoted with opportunities for intersectoral cooperation being explored. The rate of birth registration for children under five years of age increased from 1.8 to

7.5 per cent between 2000 and 2003, according to the MICS. In partnership with NGOs, the country programme supported a project for empowerment of adolescent girls through life-skills-based education and non-stereotyped livelihood training for over 50,000 girls. The project will address the issues of violence against women and girls, delaying marriage and discouraging the practice of dowry. In the fight against sexual abuse and exploitation of children, including trafficking, a major achievement has been the preparation of the National Plan of Action with a national implementation committee being formed under the Prime Minister's Office.

8. The programme's results in planning, monitoring and evaluation and disaster preparedness can be seen primarily in the conduct of the MICS in 2003 and advocacy on a number of fronts. Special attention is being paid to poor and marginalized sections of the population through an urban project being implemented in four city corporations and 21 *Pourashavas* (municipalities), where it provides basic health and immunization services and pre-school education to slum dwellers through urban development centres. In this context, the Chittagong Hill Tracts have attracted increasingly greater attention with the United Nations-led security assessment and the Government's assurance of support, leading in turn to support from donor agencies. In the absence of established service-delivery mechanisms, 2,220 para-centres have been set up by the country programme in about one half of these hill tracts since 1997. An evaluation showed remarkable achievement in behavioural change and awareness-building in the communities.

9. **Resources used.** The country programme has planned resources of $202.6 million for 2001-2005 ($62.6 million in regular resources and $140 million in other resources). For the period 2001 to 2003, 98 per cent of regular resources and 84 per cent of other resources received were expended. In addition, the World Bank has provided $10 million in trust for the IDEAL project, of which 88 per cent has been expended so far.

10. **Constraints and opportunities affecting progress.** Institutional constraints continue to affect progress in such areas as emergency obstetric care, because many doctors who have high professional qualifications or have received specialized training are no longer interested in working in rural areas, where 75 per cent of the population live. In education, there is a lack of decision-making at the local level and other problems of high student/teacher ratios, low amount of contact between teachers and students, and poor environmental, water and sanitation facilities which impede school attendance. In water and sanitation, 'demand responsive' approaches have been found to be difficult to implement, but increasingly participatory methods involving local communities and families are being tested.

11. Further partnership opportunities are being explored and others are being consolidated. Most important has been the partnership with the World Bank, which increasingly recognizes UNICEF as a procurement agent and implementer of interventions to support government programmes. The IDEAL schools project is a good example of a forward-looking partnership within the education SWAP, as is the joint engagement with the World Bank on HIV/AIDS.

12. **Adjustments made.** The country programme is on track in achieving its objectives. Some areas of adjustment identified by the MTR concern sharpening the programme's focus to assist the most vulnerable and marginalized children, women and families, thus moving closer to the human rights-based approach to programming which is integral to the design of the country programme. UNICEF

will support the Government in follow-up to the concluding observations of Committee on the Rights of the Child, made in 2003, and will ensure that the review and reforms of legislation for children are completed. Other programmatic areas of adjustment identified are the need to: give stronger support to the national response to HIV/AIDS; address child injuries as a major cause of child mortality, initially through further analysis and subsequently through programmatic interventions; and integrate the various components of the health and nutrition programme under a comprehensive project of integrated management of childhood illness (IMCI), with a subproject to address protein-energy malnutrition. Greater emphasis will be placed on results-based programme planning and monitoring during the next two years. The country programme management plan will be adjusted to take account of these changes.

Nepal

13. **Introduction.** The MTR of the Nepal country programme for 2002-2006, completed in March 2004, was guided by a steering committee, under the leadership of the Government and UNICEF, which was comprised of representatives from government ministries who oversaw and coordinated the review conducted by five working groups under the partner ministries. The review process allowed for views of stakeholders — community organizations, child clubs, young people, NGOs, government agencies, United Nations agencies and other external development partners involved in the programme — to be taken into account through a series of review and consultation meetings at the community, district, regional and national levels. Several surveys and studies also informed the MTR.

14. **Update of the situation of children and women.** Since the beginning of the current country programme, Nepal has experienced increasing violence related to internal conflict, political instability and the absence of elected bodies at both the local and national levels. Of the country's 75 districts, 36 are currently declared by the United Nations as Security Phase 3 (compared to eight districts in April 2002). Children have been affected by the conflict, including their schooling. New vulnerable groups have emerged including internally displaced people, child-headed households and young people and children in detention.

15. Delivery of basic social services has been hampered by destruction of facilities, threats to personnel, restricted mobility and difficulties in transportation of supplies and equipment such as medical drugs. Recent qualitative assessments suggest that the impact on services in the Mid- and Far-Western Regions have been greater as a result of the conflict.

16. The 2001 Nepal Demographic and Health Survey found a significant reduction in child mortality rates. The U5MR fell from 118 per 1,000 live births in 1996 (according to the Nepal Family Health Survey) to 91 in 2001. The infant mortality rate fell from 79 to 64 per 1,000 live births. In contrast, child malnutrition levels have not improved, with about one half the nation's children being stunted. The maternal mortality rate in Nepal is among the highest in the world, at 539 per 100,000 live births. Between 1996 and 2001, the percentage of households with latrines increased marginally from 23 to 30 per cent and access to drinking water increased from 63 to 73 per cent. However, water quality remains a problem,

particularly with arsenic contamination as an emerging issue in the southern *terai* districts.

17. Although HIV surveillance is weak and limited, in 2003 the Government estimated the prevalence rate among adults to be 0.5 per cent, with 60,000 people living with HIV/AIDS. Due to lack of voluntary counselling centres, these numbers are believed to be heavily underestimated, and Nepal's pattern is considered to have changed during recent years from one of low prevalence to a concentrated epidemic in high-risk groups.

18. **Progress and key results at midterm.** In line with the Government's Tenth Five-Year Plan/Poverty Reduction Strategy Paper (PRSP), the overall goal of the programme of cooperation is to contribute to the reduction of human poverty in Nepal. The country programme consists of two complementary types of programmes: an integrated area-based programme, Decentralized Action for Children and Women (DACAW), in focus districts; and national sector support to programmes and policy.

19. Under the DACAW programme, successful models have been developed in 15 target districts on how to link community empowerment (known as the community action process) with improved responsive service delivery through the strengthening of decentralized governance. A recent field mission by the Government of Norway to DACAW-supported programme areas reinforced the findings in conflict-affected areas, even though it found that increased efforts are needed to reach the most disadvantaged communities. The mission acknowledged the good coordination between programmes supported by the United Nations and systematic capacity-building and institutional development, despite the absence of elected bodies.

20. In the area of quality girls' education, the expected results were increased access to quality basic education, especially for girls and disadvantaged groups. Information from community self-monitoring systems indicates that net primary school enrolment rates have increased, especially for girls in focus village development committees in DACAW districts. This trend is also supported by the findings from evaluations which indicate that parents have become increasingly aware of the importance of girls' education through various social mobilization initiatives, including community action processes. UNICEF has continued to play an important role in the SWAP for basic and primary education as a non-funding partner.

21. Reduced childhood morbidity and improved management of illness due to ARI, diarrhoea and vaccine-preventable diseases has been the objective for the MTSP priority of immunization plus. In collaboration with the World Health Organization (WHO) and the Government of Japan, UNICEF has continued to support national immunization programmes, ensuring that Nepal is on track to achieve universal immunization. National Immunization Days (NIDs) were conducted twice during 2002 and 2003, with over 98 per cent coverage in each round. Maternal and neonatal tetanus campaigns are on track. The country programme has closely monitored, supervised and provided direct financial support to 9,175 female community health volunteers in 15 DACAW districts, resulting in improved performance in supporting parents in identifying and managing childhood illnesses and diseases in communities. UNICEF has also been an active participant in the national health sector reform.

22. The objective of the programme for integrated ECD is to improve maternal health, provide improved care so as to reduce child and maternal malnutrition, support improved psychosocial and cognitive development of children and reduce incidences of diseases caused by poor and inadequate sanitation and water supply. In eight districts, UNICEF has been able to develop and implement models for improving maternal health and care, resulting in reduced incidence of low birth weight, through support to improved services and outreach in health facilities and through social mobilization. This model has shown a significant impact in terms of an increase in the number of women with emergency obstetric complications actually receiving care in health facilities in the supported districts, exceeding national targets. In settlements receiving intensive support within 15 DACAW districts, child malnutrition rates have continued to decrease despite regular expansion of the programme to include new children with high levels of malnutrition. In the last five years, malnutrition rates have decreased by 14 per cent in the supported areas in contrast to the national average of 3 per cent. UNICEF, in partnership with Australia Aid, the United States Agency for International Development and the National Technical Assistance Group, an NGO, played a key role in the national vitamin A supplementation campaigns held in 2002 and 2003, reaching over 90 per cent of the targeted children nationwide. In the October 2003 campaign, some 3.2 million children aged 6-59 months were reached. The main responsibilities of UNICEF were to procure the vitamin A capsules, with funding from the Canadian International Development Agency, and to provide technical and financial support for community campaigns to measure the coverage and impact of the distribution.

23. Childcare at the family level has been improving in DACAW areas through community action processes and parental orientation. Over 30,000 parents and caregivers underwent a three-month parenting orientation on early childhood care through 1,666 classes in the DACAW districts, and support was provided to operate 402 community-based child development centres, benefiting nearly 5,500 children aged three to five years.

24. Learning environments have been improved for 125,000 children in 700 primary schools in 11 DACAW districts, through improved hygiene behaviour and water and sanitation facilities in schools. Support has been provided for blanket testing of water quality in some 300,000 tube wells in nine high-risk districts in the Terai region. With 75 per cent of the testing completed, the preliminary findings suggest that 13 per cent of the wells tested contain arsenic concentrations above the WHO Guidelines for Drinking Water Quality, affecting an estimated population of about 110,000.

25. Creating increased awareness of HIV/AIDS is another priority. A government-led HIV/AIDS national strategic plan, with a special focus on young people, has been developed with the support of UNICEF and various external development partners. Based on the findings of a rapid assessment of children affected by HIV/AIDS in Nepal, carried out in 2002, UNICEF decided to focus on raising awareness of 1.5 million young people in 15 districts through secondary schools, health facilities, non-formal education classes and female community health volunteers. This initiative is reinforced through a national awareness-raising strategy, including such activities as the successful radio programme, *Chatting with My Best Friend*.

26. The country programme's objective of protecting children and women against violence, exploitation and abuse has been pursued through strengthening partnerships. By linking national partners to the subnational and community-level child protection actions in DACAW districts, the programme has been able to switch from responding to a small number of child-abuse cases to a systemic approach to protecting children from harm and violence and to building the capacities of duty bearers to respond to rights violations. UNICEF has thus repositioned itself as a provider of technical support and advice in the development of child protection policy. Using assessments of children affected by conflict (conducted by Save the Children) and by HIV/AIDS (conducted by UNICEF), UNICEF has been able to influence and support the Government in beginning to develop national policies and guidelines for care of children in need of special protection, which are expected to be finalized in 2004. This support is jointly provided with the International Labour Organization (ILO).

27. **Resources used.** Overall, 97 per cent of the master plan of operations budget for 2002-2003 is funded, at $28,187,000, but there are substantial variations between programmes and projects, ranging from 23 per cent for the hygiene and sanitation project to 427 per cent in the immunization project. The overall rate of expenditure for the period 2002-2003 has been high, at 86 per cent for regular resources and 91 per cent for other resources. The fund-raising shortfall for the DACAW programme has constrained its expansion into additional districts.

28. **Constraints and opportunities affecting progress.** The absence of locally elected bodies during the last two years has hampered the progress of development work in most districts, especially social mobilization, participatory planning processes, and implementation and monitoring of programmes at the levels of the village development committees and districts. The ongoing conflict has affected programme implementation to a variable degree across and within districts. The most affected among DACAW districts are in the Mid- and Far-Western regions. The mandate and experience of UNICEF in Nepal provide the organization with the opportunity to take the lead in working with children and women affected by the current armed conflict.

29. Within the United Nations country team, there is an agreement on the centrality of the Millennium Development Goals to the United Nations system-wide support to Nepal and the need for a human rights-based approach to programming. Many areas of collaboration have been developed and implemented, for example, community development activities with the United Nations Development Programme (UNDP), joint work on maternal and child nutrition with the World Food Programme (WFP), "quick-impact" activities with WFP in conflict areas, and collaboration with ILO on child labour. The members of the country team have begun to work together to respond to the conflict. UNICEF provided technical support in developing system-wide documents on United Nations principles and on United Nations basic operating guidelines for work in conflict situations.

30. DACAW districts provide an opportunity to pilot innovations to implement the Government's decentralization policies. Best practices and lessons learned from these districts will be documented, reviewed and considered for replication through national policies and strategies.

31. **Adjustments made.** In line with the Tenth Five-Year Plan, priority will be given to the Mid- and Far-Western regions and to conflict-affected areas for

DACAW expansion. Targeting of the disadvantaged communities, including families affected by the current conflict, will be improved. UNICEF will advocate for and support the Government in reviewing and revising existing strategies and guidelines for sector devolution, as per the Local Self-Governance Act. This will be done within the framework of the education SWAP, the health sector reform, the Tenth Five-Year Plan/PRSP, district periodic plans, the United Nations Development Assistance Framework (UNDAF) and the Millennium Development Goals.

32. The Government and UNICEF will develop a common understanding of programme strategies by finalizing the results framework for the country programme and each strategic result area, with clear targets and indicators by the end of the third year, 2004.

33. Within the framework of Tenth Five-Year Plan, developing the capacities of counterparts for decentralized, evidence-based planning and monitoring will be continued in order to foster a culture of data utilization, building on pilot initiatives such as micro-planning and the decentralized management information system.

34. In the remaining period of the country programme, increased attention will be paid to: (a) addressing the emerging threat of HIV/AIDS, with a focus on young people and prevention of parent-to-child transmission; (b) developing strategies to reduce neonatal mortality; (c) ensuring a multisectoral response to malnutrition, based on lessons learned from DACAW; (d) identifying modalities to accelerate and expand coverage of school sanitation and hygiene education programmes through complementary use of resources; (e) improving water quality at household level, including chemical (e.g., arsenic) and microbiological contamination; (f) strengthening systems to address child protection issues; (g) accelerating action to meet the 2005 Millennium Development target for gender parity in education; and (h) supporting the development of an emergency preparedness response plan for natural disasters, such as an earthquake scenario, focusing on the areas of education, health, nutrition, water and sanitation.

Major evaluations of country programmes

Assessment of the vitamin C supplementation programme, Afghanistan

35. In early March 2002, *Action Contre la Faim* reported 20 deaths and 47 cases of disease, all with similar haemorrhagic symptoms, in Taiwara district in Ghor province of western Afghanistan, which has a population of nearly 79,000. A subsequent rapid assessment clinically confirmed the cause as scurvy, an uncommon disease resulting from vitamin C deficiency, which was found in refugee camps, and determined that the attack rates peaked each year at the end of winter months. WFP Vulnerability Assessment Mapping and the UNICEF Nutrition Survey Database for Afghanistan showed that scurvy is found throughout the country and endemic in some areas.

36. As an immediate short-term intervention, 5,000 people were treated for scurvy through distribution of 252,000 vitamin C tablets in the affected areas. In addition, standardized protocols and photographs of cases were developed and distributed to assist in searching for cases. After investigating all possible interventions, as part of

a national prevention campaign targeting over 1 million people in high-risk areas, it was decided to provide a blanket distribution of vitamin C tablets and health education to all children and adults in 827 villages (168,600 adults and 43,000 children). Making use of existing community and NID volunteers and announcements through mosques, representatives from each village were convened at the distribution points to receive one- time food rations, a three-month supply of vitamin C, hygiene education and information on how the vitamin C was to be consumed.

37. The intervention was managed through a partnership of UNICEF and NGOs, with UNICEF developing the standardized training and information and providing the vitamin C tablets. The five partner NGOs carried out the actual distribution and delivery of information to the communities in the six provinces. UNICEF and partners conducted joint monitoring.

38. In February 2003, an assessment of the intervention was undertaken through a helicopter mission, as there was no other means of access. The assessment team consisted of six technical personnel from UNICEF, *Action contre la faim* and the Ministry of Health. Information was collected through a questionnaire to assess the presence of scurvy, the use and acceptability of vitamin C tablets, access to vitamin C-rich foods and knowledge of scurvy. A total of 15 same-sex focus group discussions (men's teams with village leaders and women's team with the available women) were conducted and information was cross checked.

39. There were no cases of scurvy in the last winter, for the first time in people's recent memory, which was attributed to the distribution of vitamin C. During the three-month target period, coverage and compliance were both satisfactory because proper distribution was ensured through existing community networks and village leaders, complemented by health education at the time of delivery. The cost of tablets required to prevent scurvy in one person for one month was $0.003. The costs for staff and transportation to deliver supplements and fortified food increased the cost to $1.28 per person.

40. The evaluation showed that any sustainable response needs to acknowledge that if scurvy is present, other micronutrient deficiencies are likely to be present as well. Micronutrient fortification of a food is being considered, but attempts to improve the quality of food aid rations must continue. Investigating the potential of promoting the daily consumption of about five grams of raw germinated wheat, which is a good source of vitamin C and familiar to Afghans, but usually consumed cooked and hence with much lower vitamin C content, is suggested. As shown by the evaluation, the case of Afghanistan demonstrates the need to develop sustainable vitamin C strategies for scurvy-prone areas and guidelines for prevention and management in large remote geographic areas, which are more complex than in camps. The development of more "field-friendly" methods than currently are available for assessing micronutrient deficiencies and their integration into regular nutrition surveys are urgently needed for timely action.

41. This intervention was successful as UNICEF mobilized resources and procured vitamin C tablets on time for an unconventional intervention, creatively engaging the capacities of communities and local and international NGOs. Medium- and long-term solutions would require developing the capacities of the Ministry of Health and partnerships not only with emergency response organizations but also those working

at community level, so that emergency responses could be followed up by longer-term, community-level interventions.

42. The findings and recommendations have been used to: improve the targeting for supplementation to identified high-risk areas; improve the efficiency of distribution by using only the house-to-house strategy coupled with NIDs, as suggested in the study; improve educational messages on scurvy; and introduce wheat germination to promote dietary diversification.

Evaluation of the Bhutan country programme

43. To inform the MTR of the 2002-2006 country programme of cooperation, UNICEF Bhutan commissioned an external evaluation of the country programme. This decision was based on the acknowledgement by the Government and UNICEF of the need to improve strategic priorities in the light of steady social development and such new complexities and challenges as sustaining and universalizing achievements, assuring the quality of services and managing emerging problems and regional disparities. The purpose of the evaluation was to determine the ways in which the country programme could better support the realization of the rights of children in Bhutan. The evaluation examined the relevance, efficiency, effectiveness and sustainability of the programme, drawing on reviews of the four programme components, recent studies, field visits and in-depth interviews with key stakeholders from the Government, which is nearly the sole mover of development in Bhutan, and the few available community organizations. The findings have been discussed with the MTR steering committee, which includes senior government officials, and with implementing partners and UNDP, which have ratified the overall recommendations.

44. The current and the previous UNICEF-supported country programmes essentially have been the same and could be seen as a continuum, with a budget of approximately $14 million each. The current country programme aims to contribute to the realization of the rights of children in Bhutan through programmes for child care and development, health and nutrition and expanded basic education, supported by cross-sectoral projects in the planning, communication and participation programme.

45. UNICEF is the major partner of the Government in its development efforts for children. Progress in the key human development indicators for children and women from 1997 to the present shows that the country programme has been relevant to Bhutan's social development and its objectives have addressed the main areas of non-fulfilment of children's rights. Over the long term, collaboration between UNICEF and the Government has contributed to a series of results. The gross primary-school enrolment rate has increased from 72 per cent in 1997 to the current level of 82 per cent, with girls constituting 48 per cent of those enrolled, mainly due to a steady increase in the number of primary and community schools. Full immunization coverage has been maintained consistently at over 80 per cent since 1997. Between 1997 and 2002, access to drinking water increased from 58 to 78 per cent and access to safe sanitation from 70 to 88 per cent. Iodine deficiency disorders (IDD), which had affected as many as 65 per cent of children, have been eliminated by making iodized salt available country wide.

46. UNICEF advocacy has been very effective in creating an enabling policy and planning environment for children and has influenced the establishment of the ECD policy, the National Plan of Action for Children, the National EPI Action Plan and the National Plan for Education. In terms of implementation, the country programme has successfully supported institution-building within the government system, e.g., the creation of an ECD section in the Ministry of Education. Although the UNDAF is not yet at a stage to provide an assistance framework to the Government, UNICEF has established collaborative programming, for example through a memorandum of understanding with WFP for an integrated approach to promoting nutrition among schoolchildren. Sustainability has been addressed through advocacy for integration of interventions in regular government programmes. The Government's policy of providing free health care and education has ensured sustainable financing of programmes, with consistently high levels of investment in the social sectors, particularly health and education, ranging between 18 and 23 per cent under all the national five-year plans. This is likely to continue as strong economic growth is expected. Steps are being taken for the Government to take over some of the costs and procedures of interventions, such as community schools, that were initiated and supported by UNICEF, and financing of immunization. There is potential for replication of many interventions, including rural water supply systems, where the communities take over the maintenance, and elimination of IDD, which can be replicated for prevention and control of anaemia.

47. The programme's design was found to need greater focus, clear definition of expected results, and "smart" performance indicators for monitoring and evaluation. In the absence of these and of baseline data and targets, the effectiveness of the programme could not be assessed quantitatively, although the objectives were largely achieved.

48. The many subprojects and "gap filling" activities that have been added over time have resulted in resources being spread thinly. Programmes which attempt to work in districts, such as the family-based child-care project, have not been effective because decentralization is still evolving within the Government. In the health and nutrition programme, the EPI project is well implemented, although the review identified areas requiring strengthening, especially quality improvement and sustainable financing. The safe motherhood and child health projects need greater focus on achieving outcomes by strengthening services for emergency management of obstetric care and consolidating child health activities in an IMCI approach, while sustaining and strengthening actions to reduce the extremely high prevalence (80 per cent) of anaemia. In the expanded basic education programme, while the increase in the number of community schools is important, classroom practices also need to be improved to provide quality education. School sanitation and hygiene must be a priority. The family-based child development project has not been effectively implemented in the absence of necessary decentralized administrative structures.

49. Overall, the evaluation found that the country programme addressed the most important issues in promoting the rights of children in Bhutan. Recommendations were made for improving the programme's design and implementation, which included specifying and prioritizing the results that could be achieved for children within available resources, and developing results frameworks for the remainder of the country programme period. Specific recommendations to ensure that the programme is not spread too thinly but focuses on priority results for children included: dropping the family-based child development project; sharpening the

focus of the safe motherhood project on building a facility-based demand system, with expansion of emergency management of obstetric care facilities; integrating the many activities of the child health project into a single IMCI approach; expanding the coverage of community schools to the unreached, with a focus on the quality of classroom practices; and improving the coverage and quality of the school sanitation programme. To improve implementation, it was recommended that strategies be developed to reach communities so as to promote behavioural change, which is a key component of all programmes. In the absence of civil society organizations and private mass media, creative solutions need to found. As many of the emerging issues such as ECD and providing health care to schoolchildren are cross-sectoral in nature, coordination mechanisms require strengthening. Quality assurance mechanisms also need strengthening as basic services facilities are upgraded and expanded.

50. Arrangements were made for key implementing partners, the coordinating agency of the Ministry of Finance and UNICEF to review and reformulate the results frameworks. The revised hierarchy of expected results, and strategies for achieving them, will be adopted following the MTR in August 2004.

Evaluation of the child's environment programme, India

51. The child's environment programme, part of the programme of cooperation between the Government of India and UNICEF, is operating at the national level and in 14 states. An external evaluation was commissioned of the project components on sanitation, hygiene and water supply that were implemented during 1999-2003 in 10 states and funded by the Department for International Development (DfID) of the United Kingdom and the Swedish International Development Authority (SIDA) with $35 million. Both DfID and SIDA supported the evaluation and were involved throughout the evaluation process.

52. The evaluation assessed the project's expected outputs, and included operational and management issues related to the process of implementation. The purpose of the project was to ensure that more households, especially the poorest, adopted improved hygiene behaviour and used safe water supplies and hygienic toilets, in a sustainable manner. The project's logical framework articulated in detail and quantified the results to be achieved. The main outputs included the development and institutionalization of effective hygiene communication strategies, and the development and testing of replicable models for hygiene education, water supply and environmental sanitation, in households and in primary schools.

53. The evaluation methodology consisted of a programmatic part, a village-based assessment that used questionnaires administered to 1,900 households, and focus group discussions in 120 villages in two districts in each of four states. The evaluation was also informed by the state-level sectoral appraisals undertaken in 2003 and participatory village assessments, which provided insights into people's attitudes and practices. The evaluation recognized that the results were specific to the 120 villages covered and do not constitute a statistically representative sample of all states where the project is being implemented. They do, however, provide lessons and guidance in the design of the second phase of the project.

54. The evaluation concluded that the project's purpose was partially achieved. While there have been substantial improvements in hygiene behaviour and toilet

coverage in the targeted areas, the use of toilets, particularly those constructed by poorer households, which received a subsidy for the toilet, was less than for those above the poverty line. There has been substantial influence at the national level over more than three decades through a long-standing and highly valued relationship with the Government, but there has been limited learning horizontally across the states. Partnerships with NGOs have also evolved from their being primarily UNICEF project partners to their now being contracted directly by the districts, although there is an inadequate selection system for contracting and providing support to NGOs, with many lacking capacity. The evaluation noted a number of additional findings concerning operations and maintenance and the overall strategic approach.

55. The need for a monitoring system that would track changes in key hygiene practices was reinforced. While the project had achieved greater community participation in the operation and maintenance of water and sanitation facilities, it lacked data to establish the degree of sustainability of the new approaches.

56. The evaluation recognized that the models for hygiene promotion, sanitation and community management in rural water supply developed by the project have been adopted by various state governments to a significant degree, especially in the national Total Sanitation Campaign and the newly launched initiative for rural water supply, *Swajaldhara*, a demand-responsive, community-based approach. Community management of rural water supply and sanitation has been an integral aspect of the child's environment programme models, leading to greater ownership and the prospect of greater sustainability.

57. The results of the evaluation have been used to inform the detailed design of the second phase of the project at the national level and across the states. A dissemination workshop involving UNICEF project officers, the evaluation team and government counterparts served to share the results widely across the states. The second phase is shifting from the development of district-centred models of sanitation provision and health and hygiene behavioural change to supporting the implementation of Total Sanitation Campaign reforms in the rural water supply and sanitation sector in a "critical mass" of 130 districts, and at state and national levels. UNICEF will now advocate the application of models developed during the first phase, while supporting government efforts to implement reforms in a relatively large number of districts. Strengthening the capacities of stakeholders at various levels to plan, implement and monitor the sectoral reforms is an important element of this new strategy.

Evaluation of the "Meena" communication initiative, Regional Office

58. The "Meena" communication initiative was initiated in 1991 by UNICEF, in partnership with Governments, as an entertaining educational programme for promoting the rights of the girl child in South Asia. The initiative was funded primarily by the Government of Norway, and the Governments of Finland, the Netherlands, the United Kingdom and the United States have also provided financial support. The overall objective of "Meena" was to create awareness of the rights of the girl child and bring about skills development and behavioural change. "Meena" uses the appeal of the stories about a nine-year-old girl, Meena, that are

communicated through a variety of channels. Initially launched in four countries — Bangladesh, India, Nepal and Pakistan — "Meena" has developed into a multimedia entertainment and educational campaign. By end of the 1990s, it had expanded to Bhutan, Sri Lanka and beyond South Asia to Cambodia and the Lao People's Democratic Republic.

59. The initial phases of research and production of first episodes and communication materials were managed by UNICEF Bangladesh, while each country adapted the materials, launched dissemination campaigns and conducted such interpersonal communication activities as group discussions, "Meena" clubs and street theatre for reinforcing messages for skills development and behavioural change. Since 2001, a coordinator based in the Regional Office has managed the regional research and production and provided technical support to country offices.

60. With the ending of external funding in 2003, the Regional Office commissioned an evaluation to learn lessons for future implementation. The evaluation was managed by the Regional Office in collaboration with the country offices. A research institution in each country completed the country assessments within a common design but with necessary adaptations. An external consultant provided overall technical guidance and synthesised the final report.

61. The evaluation assessed the outcomes achieved, efficiency of implementation and potential for continuation focusing on the four countries that had played a key role in the initial development of the "Meena" initiative. In each country, a quantitative assessment was carried out through a household survey. In Bangladesh, Pakistan and Nepal, the samples were nationally representative. In India, a sample of villages was taken from the three states of Bihar, Orissa and Uttar Pradesh, where focused interventions known as "learning projects" were implemented. Qualitative techniques of focus group discussions, in-depth interviews and workshops supplemented the household surveys. Changes in knowledge and attitudes were measured, comparing the groups exposed to "Meena" to those that were not.

62. The findings confirm the capacity of the "Meena" initiative to communicate messages on children's rights to South Asian audiences. "Meena" stories have been seen or heard by nearly 85 per cent of children in Bangladesh, 70 per cent in Nepal and 32 per cent in Pakistan. Evidence of "Meena's" positive impact on attitudes and practices was found in the differences between people exposed to "Meena" and others. For example, in India, only 15 per cent of girls exposed to "Meena" in the study villages said they would give a dowry, compared to 35 per cent of the girls who did not know her. In Pakistan, 80 per cent of those exposed to "Meena" washed their hands with soap and water before meals compared to 68 per cent of the others, and 32 per cent of those who knew "Meena" treated water for drinking, compared to 22 per cent of those who did not. Television was the medium that had the widest coverage.

63. The initiative has taken root and spread widely in the region. It is institutionalized in some very significant ways through strong partnerships, e.g., inclusion in the curriculum of IDEAL schools in Bangladesh, training courses for integrated child development workers in India, continuing and expanding "Brothers Join Meena" and Girl Guide Shield projects in Pakistan, and NGO partnerships in more than one half of all districts in Nepal. In Bhutan, a corporate partnership has enabled the production of posters from stamps developed by UNICEF in conjunction with Bhutan Post for country-wide display of the key message, "educate every girl

and boy". Partnerships with electronic media in each country have led to national and state-wide broadcasts. "Meena" has filled a gap in entertaining education in the region, as reflected by the fact that a very small proportion of children, ranging from less than 5 to about 10 per cent in any country, reported access to any other entertainment education programmes, most of those who had found "Meena" to be more entertaining and informative.

64. Awareness has not always translated into practice, however. Key constraints include local customs and beliefs, the role of elders in attitudinal changes among children, the lack of resources and severely impoverished conditions. Implementation has sometimes tended to be in isolation rather than as an integral component of the country programme. Limited finances, the lack of availability of materials at implementation sites and security threats have also hindered implementation. The thrust of the initiative has been on communicating the messages, and follow-up to assess outcomes has been inadequate.

65. The UNICEF contribution to this initiative has been largely in terms of advocacy for mobilizing interest and provision of research-based communication materials. The implementing partners have provided institutional and organizational facilities and have adopted and scaled up the activities. The implementation process has built the capacities of government and NGO partners, mainly in the areas of participatory research, dissemination and advocacy. However, there has been no regular monitoring of the outcomes in terms of knowledge or behavioural change to enable adjustments in specific communication interventions.

66. Among the lessons learned is that the "Meena" communication initiative has provided opportunities to take messages about child rights to large cross-sections of the population, sometimes even in a context of government sensitivities. This has been achieved through public, corporate and community partnerships which effectively combined the UNICEF inputs of communication and training materials and some cash funding with the partners' infrastructure resources, capacities and outreach activities. In order to enhance the initiative's effectiveness, the evaluation recommends that in future implementation it be integrated into programmes within a results framework to better enable clear identification of expected results and their contribution to the programme or project outcomes that it supports. Such planning needs to address infrastructural and cultural elements and customize implementation for specific target audiences, with simultaneous action on contextual enabling factors. Monitoring the outcomes specifically in terms of expected knowledge and behavioural changes needs to be strengthened and integrated into the initiative.

Conclusion

67. The MTRs of the country programmes for Bangladesh and Nepal have provided important opportunities for strategic changes in the directions of the country programmes, in particular bringing them more in line with the MTSP. An example of this strategic shift has been the MTSP priority of HIV/AIDS, which has allowed both country programmes to focus greater attention on this area. Both MTRs have identified the importance of articulating a clear results framework and strengthening of the integrated monitoring and evaluation plans. Evaluations of communication campaigns including the "Meena" initiative have noted the need to supplement mass communication messages with interpersonal communication,

particularly to reach marginalized and hard-to-reach populations who do not have access to mass media. The studies and evaluations described in the present report and a number of others in the areas of child nutrition, education and protection were utilized to strengthen programme strategies and designs.

68. Efforts are continuing to further improve quality through the application of evaluation standards and the development of capacities for evaluation. As part of these quality improvement efforts, the Regional Office, in consultation with the Evaluation Office, will conduct a meta-evaluation of evaluations in South Asia in 2004-2005.

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Summary of midterm reviews and major evaluations of country programmes

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2003.

Introduction

1. In 2003, midterm reviews (MTRs) were conducted in Albania, Georgia and Turkey. Of the three strategic evaluations summarized here, two provided lessons learned on rarely documented subjects related to the medium-term strategic plan (MTSP), abandonment of children in maternities and education to counter ethnic discrimination in a post-conflict situation. The third is a cost-benefit analysis of a national programme on flour fortification that had an impact on legislation.

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Country midterm reviews

Albania

2. **Introduction**. The MTR process included data collection, periodic meetings and workshops in the framework of sectoral working groups. Three working groups assessed nine projects and integrated their findings into three sectoral reviews.

3. The intersectoral working group, created in March 2003, comprised the Ministries of Health, Education and Science, Culture, and Youth and Sport, and the National Committee of Equal Opportunities, the National Institute of Statistics, the Institute of Public Health and the Institute of Pedagogical Research. The three programme working groups were on early childhood care and development (ECCD), protection, and education and youth participation and development.

4. The MTR meeting, chaired by the Director of the United Nations Department in the Ministry of Foreign Affairs, was held on 4 March 2004 with the participation of 85 people from the Government, donor organizations, civil society, young people and United Nations agencies.

5. **Update of the situation of children and women**. Albania's annual gross domestic product (GDP) grew by 3.3 per cent in recent years, but the country remains one of the poorest and youngest in Europe. According to a 2002 survey that measured living standards, one quarter of the population lives in poverty, with an income below two dollars per day.

6. Since 2000, the health status of children has shown signs of improvement, as measured by an increase in good child-rearing practices, the growing government commitment to the health sector, including more vaccine procurement, and the endorsement of successful models and elaboration of strategies and policies. However, in certain geographic areas and population groups, there is also evidence of decline in access to, and quality of, health services.

7. In contrast, there has been a significant decline in pre-school enrolment due to the sharp deterioration of Albania's network of pre-schools. Although primary-school enrolment declined only slightly, classrooms are overcrowded and lack both teaching materials and modern child-centred teaching techniques. Recent decentralization has helped somewhat to increase effectiveness, efficiency and accountability.

8. Young people face numerous new risks. Trafficking is emerging as a significant threat due to extreme poverty, growing levels of organized crime and porous borders. There has been growing experimentation with risky behaviours, such as abuse of illegal drugs, alcohol and unsafe sex. The number of people infected with HIV has more than doubled since 2000, with an increasing feminization of the disease.

9. Albania ranks low on the gender-related development index, but the move to reconstitute the Committee on Equal Opportunities (which was created to formulate policies and coordinate non-state efforts to promote gender equality) is a positive step. The impact of the Committee could have been greater, if it been mandated to initiate legislative changes.

10. **Progress and key results at midterm**. The objective of the ECCD programme is to contribute to the survival and development rights of children under five years of age. Its main achievements included the establishment by the Government of a sustainable financing mechanism for immunization services and the signing of a Memorandum of Understanding with UNICEF on vaccine procurement, promising government financing of all vaccines by 2005. In the 2000 campaign, measles immunization reached 98 per cent of the targeted children and protection levels rose from 64 to 86 per cent. Polio eradication has been sustained and there have been no confirmed cases of measles since January 2002.

11. The Ministry of Health has officially endorsed the Integrated Management of Childhood Illness approach. In two districts, 84 per cent of personnel (doctors and nurse-midwives) have been trained, increasing the number of mothers receiving necessary advice in those districts from 70 to 91 per cent. A draft breastfeeding policy has been elaborated. The rate of exclusive breastfeeding in the sixth month has increased from 11 per cent in 1998 to 23 per cent.

12. One success of the children and youth development and participation programme has been the child trafficking project, which was not on the government agenda two years ago. The UNICEF Regional Office developed guidelines to protect the rights of child victims of trafficking in South-Eastern Europe, at the request of the Stability Pact Task Force on Trafficking in Human Beings and in collaboration with Governments, non-governmental organizations (NGOs) and international organizations. Improved national legislation and new action plans developed on the basis of these guidelines have contributed to, for example, the Albanian Government signing a bilateral agreement with the Government of Italy to collaborate on trafficking, and initiating official collaboration with the Government of Greece to repatriate unaccompanied minors.

13. Several legislative measures have been introduced that will improve the protective environment for children. The new Family Code has already been adopted, the Child Labour Law has been revised and the new Juvenile Justice Law awaits approval. New strategies to protect young people from HIV/AIDS have been prepared. Basic education models have been piloted and youth parliaments have met in all 12 prefectures.

14. The social policy and communication for development programme fostered successful innovative models of social businesses aimed at reintegrating vulnerable youth, for example the Youth Albania Professional Services which provides parcel delivery, cleaning and maintenance services, and which proved to be self-supporting and sustainable. The programme also supported a weekly national youth television programme that reached hundred of thousands of young people. The programmes produced by young people are among the most popular ones broadcast and result in concrete local and national action (for example, a school gymnasium was repaired instead of being closed down). Activities in collaboration with the Youth Parliament highlighted the need to augment the education budget and contributed to its being increased.

15. The programme also enhanced the national collection, disaggregation and dissemination of data that strengthened policy formulation for children, such as inclusion of immunization coverage and of financing of vaccinations by the Government (100 per cent by 2005), in the National Strategy for Social and

Economic Development (the national equivalent of a poverty reduction strategy paper).

16. **Resources used**. Of the total regular resources of $2,067,000 planned for 2001-2003, the actual allotment was $1,966,607, of which $1,924,394 was utilized as follows: $432,596 for the ECCD programme, $334,978 for the children and youth development and participation programme, $377,479 for the social policy and communication for development programme, and $779,341 for cross-sectoral costs.

17. Of the total other resources of $5,809,348 available for 2001-2003, $5,531,602 was utilized as follows: $763,547 for ECCD, $2,225,150 for the children and youth development and participation programme, $1,252,848 for the social policy and communication for development programme, and $1,290,057 for cross-sectoral costs.

18. **Constraints and opportunities affecting progress**. The slow pace of decentralization over the last few years has been a constraint to programme implementation, with the result that actions for children's rights and their access to services are not being fully realized at the local level.

19. The impact of government efforts to coordinate at the central level through mechanisms (such as task forces and interministerial committees) has yet to be fully felt in terms of structural changes in social service systems.

20. In the area of ECCD, the national priority has been to extend compulsory education from eight to nine grades, rather than to begin it earlier in kindergarten.

21. The National Strategy for Social and Economic Development proved to represent a real opportunity for bringing attention to children and women's issues. The updating of the Strategy will make it possible for UNICEF and the Government to continue the dialogue on prioritizing investment in children and youth. In addition, the Government's interest in meeting European Union standards for child welfare will increasingly represent a positive factor in social development planning.

22. Under the children and youth development and participation programme, the protection project has emphasized trafficking in recent years. The Youth Parliament has been very successful, but achieving government support for sustainability will take some time.

23. **Adjustments made**. The MTR concluded that a firm programmatic foundation had been established and no significant adjustments were considered necessary. In the area of education, it was decided to critically assess the current pilot projects in order to draw lessons that can inform the ongoing reform process, particularly in improving the quality of teaching and learning practices. There will be greater focus on policy development for child trafficking to ensure that a national plan is finalized. UNICEF has been requested to assist the Government in monitoring and implementing mechanisms that are established through the plan to prevent child trafficking.

Georgia

24. **Introduction**. As part of preparations for the MTR, the State Minister established a State Commission with responsibility to lead the process. Five sectoral working groups were created and five national consultants selected. Surveys and evaluations needed for the MTR were identified. An updated situation analysis was

conducted. Advisors from the Regional Office participated in an assessment of current programme achievements and assisted in preparing recommendations for the MTR. The process culminated with the MTR meeting, which was attended by the Prime Minister and a number of key ministers, and saw the active involvement of members of the United Nations system, particularly the United Nations Development Programme, the United Nations Population Fund and the World Health Organization.

25. The MTR also paid special attention to young people's participation. Georgia's young people's United Nations Association carried out two assessments using focused interviews with peers on the role of the youth centres and HIV/AIDS, and the effectiveness and appropriateness of youth centres. The results were presented at the MTR meeting and follow-up was directly initiated by the young people themselves.

26. Members of the Youth Parliament and representatives from rehabilitation centres for street children conducted a country-wide opinion poll on problems faced by young people 14–25 years old. The young investigators' team interviewed peers, and held discussions and working group meetings. They identified needed improvements in the areas of child protection and child development, which they presented to stakeholders who attended the MTR meeting.

27. **Update of the situation of children and women**. The new Government promises a better future but faces a legacy of corruption, low tax collection rates and persistent poverty affecting more than one half of the population. The economic collapse of the early 1990s has reversed, but economic activity remains at only 41 per cent of its 1990 level. Statistical data in Georgia are incomplete, but useful information is available.

28. The census of 2002 provided valuable new information on internally displaced persons (IDPs) and on children and women in conflict-affected areas. The findings show 180,000 IDPs, including 980 children aged 0-4 years, 6,654 aged 5-9 years, 17,786 aged 10-14 years and 16,712 aged 15-19 years. More than one third of IDPs live in "collective centres" - former hotels, hostels, schools, kindergartens, hospitals and abandoned houses. Health among IDPs is poor in general and particularly among those living in collective centres. Reports indicate that almost all IDP children are enrolled in schools, and that enrolment figures are similar to those of the local population.

29. Until recently, a number of political, economic and human resources constraints limited the ability of UNICEF to initiate and monitor effective programming in Abkhazia, South Ossetia and the Pankisi Valley. The current role of UNICEF in the conflict-affected areas is largely the provision of supplies for child immunization, although an expanded role is under consideration.

30. According to the Centre for Medical Statistics and Information (CMSI), early neonatal mortality in 1998 was 9.5 per 1,000 live births and 13.6 in 2002. At 46 per 100,000 live births (CMSI, 2002), Georgia's maternal mortality rate remains higher than the average for 1986-1990.

31. The proportion of households using iodized salt rose from about 8 per cent in 1996 to 67 per cent in 2003.

32. **Immunization coverage is good**. In 2002, coverage rates were 91 per cent for anti-tuberculosis vaccine; 84 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine, 89 per cent for three doses of oral polio vaccines, 99 per cent for measles vaccines and 51 per cent for hepatitis B vaccine. To promote sustainability, in 2003 the Government for the first time ensured procurement of 20 per cent of routine vaccines under the expanded programme on immunization (EPI) for children under two years of age, and 100 per cent of vaccine requirements for children aged 5 to 14 years.

33. The pre-school enrolment rate declined to 31 per cent in 2000-2001, according to a household survey by the State Department of Statistics. According to the Ministry of Education, there were 1,185 pre-school institutions in the same period, in contrast to 2,479 in 1990, a drop of more than 50 per cent. Families often do not send their children to pre-school because of insufficient financial resources, but nearly 40 per cent do not because of the lack of pre-schools or bad conditions in existing ones. State expenditure on education accounted for 2.3 per cent of GDP in 2001, with an increase to 3.5 per cent in 2002. Physical conditions in schools are so bad that full rehabilitation would cost more than 10 times the annual state expenditure on education as a whole. Teachers' salaries are now below the country's official poverty line.

34. The child-care system relies on institutions inherited at independence, which have proved very difficult to change. In 2002, 4,736 children lived in institutions (2,591 children with disabilities in 22 institutions and 2,135 able-bodied children in 21 other institutions). A survey by the State Department of Statistics in 2001 suggested that the total number of children with disabilities might be two to three times higher than the number registered.

35. In October 2003, the Committee on the Rights of the Child issued its observations on Georgia's second progress report on implementation of the Convention on the Rights of the Child. The Committee noted the adoption of the National Plan of Action (NPA) and some progress in changes to national legislation but also expressed concern about ineffective monitoring systems and insufficient fund allocations for the social sector. The Committee also referred to the issues of birth registration and insufficient care for children in institutions.

36. **Progress and key results at midterm**. The objective of the maternal and child well-being programme to increase full immunization coverage to 90 per cent throughout the country has been met at the national level, and Georgia was certified as polio-free in 2002.

37. The proportion of households using iodized salt increased eight-fold from 1997 to 2003. Because most of this increase happened recently, there is a lag in results for the associated objective of reducing iodine deficiency disorders (IDD) among children by 50 per cent. The most recent data show that the prevalence of IDD fell from 45 per cent in 1997 to 38 per cent in 2001.

38. The objective of a two-fold increase in the rate of exclusive breastfeeding for infants under four months is within reach. The "Baby-Friendly" Hospital Initiative has been expanded to 18 maternity houses, and 80 per cent of maternity houses have been trained in breastfeeding promotion and "baby-friendly" activities. Prevention of mother-to-child transmission of HIV/AIDS was added to the training module for the Initiative.

39. The objectives of the child development programme are to promote informal pre-school education and to improve the quality of basic education. Active learning was included in the teaching curriculum, and 27 schools now apply the methodology, which was integrated into the education reform programme funded by the World Bank. ECCD materials for children under three years of age were developed. The ECCD training package was incorporated into national curricula for training health personnel and teachers in 2003. Life-skills education has been designed for grades 1-9.

40. The programme on children in need of special protection aims to reduce the number of children in residential care and to improve the status of children in need of special care. Major results include a modification of the Law on Foster Care, adoption by Parliament of the Adoption Law, establishment of rehabilitation centres for 725 street and high-risk children, preparation of a training manual on administration of the juvenile justice system and the training of master trainers in law enforcement bodies.

41. The young people's health and development programme contributed to the development and approval of a national strategy for prevention of HIV/AIDS and the mobilization of $12 million from global funds for HIV/AIDS. Over 2,400 young people were trained in negotiation and presentation skills to support meaningful participation in the Youth Parliament and the activities of national and regional youth centres. Members of the Young People's Media Network received training and support in producing one-minute videos and in how to work as journalists.

42. The objectives of the social policy development programme were to contribute to social sector reform and social policy development, and to the development of the national database for better monitoring of progress under the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. A high-level awareness campaign in 2003 resulted in adoption of *DevInfo* as the national database tool, including by the Special Commission on Monitoring Millennium Development Goals, with support from the State Department of Statistics.

43. Major advocacy results included adoption of the NPA, adopted by Presidential Decree 384 on 8 August 8 2003; the training of 1,809 education, health and law enforcement professionals on the Convention on the Rights of the Child; the establishment of a Child Rights Centre at the Public Defender's Office in 2001; and the analysis of the situation of women and children in 2003.

44. **Resources used**. Of the total of $2,034,000 in regular resources planned for 2001-2003, $2,004,654 were used as follows: $284,000 for maternal and child well-being; $488,000 for child development; $437,000 for children in need of special protection; $227,000 for young people's health and development; $374,000 for social policy development; and $224,000 for cross-sectoral costs.

45. Of the total other resources of $4,590,000 available for the five-year programme cycle, $2,004,654 was utilized prior to the MTR, as follows: $764,748 for maternal and child well-being; $133,000 for child development; $105,000 for children in need of special protection; $28,003 for young people's health and development; $118,073 for social policy development; and $99,187 for cross-sectoral costs.

46. **Constraints and opportunities affecting progress**. UNICEF Georgia, in collaboration with the Government, provided vaccines and immunization supplies to areas of the country affected by conflict, but there is limited access to these areas. Limited funding was another obstacle preventing the full-scale implementation of activities in these areas.

47. Around 30 per cent of other resources remained unfunded during the first three years of the programme cycle. UNICEF is playing a key role in the preparatory process leading up to the donors' meeting planned for June 2004. To this end, the Government established a subgroup on "Investing in Children: Best Investment in Georgia's Future". Due to the low government budget, there were problems in achieving sustainability of the national immunization programme for 5-14-year olds. Child and youth participation activities and child protection projects (foster care, disabled children and street children) are not yet included in government programmes.

48. Progress towards the development of a policy framework and adoption of legislation by the Parliament was slower than expected due to recent political developments. Key legislation banning the importation of non-iodized salt is not yet in place. The situation analysis identified major data gaps that need to be addressed, especially the discrepancy between official and household survey data on infant mortality.

49. Key recommendations of the MTR and the preceding programme evaluations and studies included: the need to increase advocacy and support to the establishment of coordination mechanisms for intersectoral collaboration; the need for improved data collection and reliability, including the establishment of *DevInfo* as part of preparations for the Common Country Assessment and United Nations Development Assistance Framework; support for achievement of universal salt iodization and accreditation of all maternity hospitals as "baby friendly" by 2005; and enhanced results-oriented programming through mid-year and annual reviews.

50. **Adjustments made**. One of the most important and challenging tasks for the remaining period of the current programme is to remain focused on priority areas and to shift from dispersed pilot projects to support for policy-level initiatives.

51. Increasing the focus of the different interventions meant integrating or mainstreaming several projects and a reduction in some activities relating to the areas of improved care in children's institutions, promotion of the active learning methodology, and capacity-building and social mobilization for children's and women's rights. A new subproject on social planning and coordination will focus on mid-year and annual reviews, quarterly intersectoral review meetings and country programme planning.

52. To address problems of deficient data, a multiple indicator cluster survey is planned for 2005 and *DevInfo* will be implemented with government and United Nations partners. Special studies on infant mortality are included the office's updated integrated monitoring and evaluation plan (IMEP).

Turkey

53. **Introduction**. The MTR process, coordinated by the government's Child Intersectoral Board, started in March 2003. Intersectoral technical review teams assessed the country programme's three programme areas: early childhood care and

education; child and adolescent development and protection; and policy development and social mobilization. The MTR culminated in a one-day meeting in December attended by 160 participants from the Government, United Nations agencies, the World Bank, donors and NGOs, as well as children and young people. Subsequent meetings of the Child Intersectoral Board were held to reflect on the recommendations and future strategies.

54. Children who attended the MTR raised issues related to children in institutions and children on the streets. The highlight of the meeting was the attendance of the Prime Minister at the invitation of the child participants.

55. **Update of the situation of children and women**. Turkey expects to be given a date at the end of 2004 for opening negotiations on entry to the European Union, depending on the implementation of human rights reforms passed in 2002 and 2003. Following the 2002 elections, the new Government is working on meeting the "Copenhagen criteria" for entry into the European Union by fast-tracking legislative reforms, including the abolition of the death penalty. The new law on the use of languages other than Turkish has positive implications for the country's current reservations to articles 17, 29 and 30 of the Convention on the Rights of the Child. For the first time in Turkey, there are television broadcasts in minority languages.

56. The revised Civil Code, approved and passed by Parliament in 2001, guaranteed women equal rights to men. The minimum age for marriage was raised to 18 years, from 17 years for males and 15 years for females. Children born out of wedlock were given the same rights as those born within marriage. The two optional protocols to the Convention on the Rights of the Child were ratified by Parliament in 2002 and 2004 respectively.

57. The economy shrank by 7.5 per cent during the 2001 crisis, but recovered and grew by 7.8 per cent and 5.9 per cent in 2002 and 2003, respectively, with the help of a stabilization programme backed by the International Monetary Fund. Despite the recovery, the unemployment rate rose from 8.4 to 10.3 per cent in 2003, with the rate among young educated people in urban areas a disproportionate 34 per cent. The number of children in employment aged 12-17 years was 22 per cent lower in 2003 than in 2002, although this probably reflects a drop in work opportunities, rather than any sudden trend away from the use of child labour.

58. The glaring social and economic disparities between the east and west of the country continue to be a major concern. For example, the infant mortality rate (IMR), ranges from 31 per 1,000 live births in Antalya Province in the south-west, to 65 in Kars in the east. Such disparities are also reflected in literacy and school enrolment rates, as well as in economic data.

59. **Progress and key results at midterm**. The goals of reducing the IMR to 20 per 1,000 live births by 2005 (from a 1998 baseline of 45) and the under-five mortality rate (U5MR) to 27 per 1,000 live births (from 52 in 1998), proved unrealistic. According to current trends, IMR and U5MR would reach 35 and 41, respectively, by 2005. Some 56 per cent of births now take place in certified "baby-friendly" maternities. Immunization was identified as an area with considerable scope for improvement. While the elimination of polio was officially certified in 2002, the coverage rate for other antigens slipped to around 70 per cent. Participants at the MTR reiterated the need for a major effort to increase immunization coverage and create an impact on child survival. The programme is on track to eliminate IDD

among schoolchildren by 2005. A survey revealed that household consumption of iodized salt rose from 18 per cent in 1995 to 64 per cent in 2002.

60. The original goal to minimize gender and regional disparities in school enrolment and attendance was reformulated to focus on achieving gender parity in enrolment by the end of 2005. UNICEF advocacy contributed to affirmative action measures launched by the Minister of Education that increased cash incentives for poor girls to attend school in 2004. As part of the initiative, a free set of textbooks will be provided for the first time to primary-school students.

61. Effective partnerships with, and support from the media, as well as cash and in-kind contributions from the private sector, contributed considerably to getting 40,000 girls into school in 2003, the first year of the campaign. That still leaves a difference of 600,000 in the level of enrolment between boys and girls at primary level. The elimination of this gap is the main programme priority for 2004 and 2005.

62. A review of national legislation in the framework of the Convention on the Rights of the Child was carried out and work started on the development of a separate legal code for children. A shared understanding of restorative justice (avoiding court and criminal procedures and using instead visits by social workers and contacts with probation officers) was developed among professionals working in the field of juvenile justice. A child police unit was established in all 81 provinces and child rights commissions were established in 27 provinces.

63. In the area of policy development and social mobilization, the main achievements included the development of an NPA as a follow up to the Special Session on Children. The "Say Yes for Children" Campaign in 2002 garnered a massive 16 million pledges, the second highest number in the world. Significantly, the most popular pledge was "educate every child", which gives the girls' education campaign a special resonance in the country. Children's participation was promoted at every opportunity, especially through the annual Children's Forum which brings together children from all provinces. The Forum made a very substantive input to the development of the NPA.

64. UNICEF supported the Government in its response to four different earthquakes which caused loss of life and extensive damage. The strength of UNICEF in this area lies primarily in the area of psychosocial recovery. Prior to the 1999 earthquake, the Government had no capacity to respond to psychosocial trauma. UNICEF provided training that contributed to the establishment of a sustained independent capacity in the Special Education Directorate of the Ministry of National Education. This included several psychologists and a rapid response team resource network of about 2,000 people in government social services and academia who have already been trained by the master trainers.

65. **Resources used**. Of the regular resources of $2,556,000 allocated for 2001-2003, $2,543,000 was expended as follows: $549,000 for ECCD; $389,000 for child and adolescent protection and development; $717,000 for policy development and social mobilization; and $888,000 for cross-sectoral costs.

66. A total of $4,257,000 in other resources was planned for the same period, of which $3,927,000 (92 per cent) was utilized as follows: $3,330,000 for ECCD; $582,000 for child and adolescent protection and development; and $15,000 for policy development and social mobilization.

67. **Constraints and opportunities affecting progress**. The goal of reducing IMR from 40 to 20 per 1,000 live births (according to the 1998 Demographic and Health Survey (DHS)) and U5MR by 50 per cent of the 1998 level of 52 per 1,000 live births (DHS) was deemed too ambitious to achieve by 2005. However, Turkey has committed to the Millennium Development Goal of reducing U5MR by two thirds of 1990 levels (61 per 1,000 live births, according to the 1993 DHS) by 2015, meaning a U5MR of 20 by 2015. UNICEF will continue to support the achievement of this goal. During the MTR, the Government committed to address shortfalls in immunization coverage and increase EPI coverage levels to 90 cent per cent and measles vaccination coverage to 95 per cent.

68. Monitoring and evaluation were also identified as areas that needed improvement, from setting targets, to monitoring projects in the field, to more rigorously designed assessments and surveys. Useful results from UNICEF-sponsored research showed that if water was eliminated from the baby's diet, exclusive breastfeeding rates could reach 40 per cent. Accordingly, a rate of 40 per cent is the new target set for exclusive breastfeeding by 2005.

69. The design of a simple logo helped to attract the attention of the target audience for the girls' education campaign. The media was identified as a force for influencing both decision makers and public opinion, and as a powerful ally that needed to be cultivated even more than at present, in order to enhance prospects for reaching the priority goals.

70. The pace of project implementation slowed somewhat during 2003 as newly appointed officials at all levels of government came into office following the general elections and change of ruling party at the end of 2002.

71. **Adjustments made**. The MTR found that the country programme had too many targets that were not realistically achievable by end of 2005 and hence endorsed the following adjustments to the programme targets: (a) an exclusive breastfeeding rate of 40 instead of 80 per cent; (b) a usage rate of 90 per cent for iodized salt; (c) elimination of IDD among schoolchildren; and (d) gender parity in primary education in 50 provinces with the worst girls' enrolment rates. The target to reach 3 million families with messages and training on early childhood development was maintained, but with a revision of the strategy to increase coverage also through the mobilization of partnerships with private companies.

72. The MTR stakeholders agreed that two of the MTSP priorities — girls' education and HIV/AIDS, neither of which was fully articulated in the master plan of operations needed more resources. The proposal to develop and implement a scaled-up HIV/AIDS prevention programme for young people was endorsed. The MTR decided that capacity-building in the project on a regional approach to basic services should now focus on the collection of data on social indicators at the local level.

Major country programme evaluations

Cost-benefit analysis of flour fortification efforts in Kazakhstan

73. **Reasons for the evaluation**. Iron-deficiency anaemia is a major chronic public health problem in Kazakhstan. The country's 1995 DHS showed that among 3,684 women in a national sample, 1 per cent were severely anaemic, 11 per cent

moderately anaemic and 37 per cent mildly anaemic. An assessment of children younger than three years of age found that 6 per cent of them had severe anaemia, 34 per cent had moderate anaemia and 30 per cent had mild anaemia. Despite some improvement in socio-economic status, reflected in the 1999 DHS, Kazakhstan still ranks high among nations with iron-deficiency anaemia.

74. The pervasive impact of iron and folic acid deficiencies on survival, growth, health, mental development and productivity has been well documented. A recent survey in Kazakhstan indicated that more than one third of adult women and young children suffer from iron-deficiency anaemia, placing them at higher risk of death, stunted growth and retarded cognitive development.

75. UNICEF efforts to control iron-deficiency anaemia, starting in 2002, were complemented by a project supported by the Asian Development Bank (ADB) on improving the nutritional status of poor mothers and children in Asian countries in transition. The project's target was to reach one third of the population with fortified flour by the end of 2003. The ADB project prompted the initiation of flour fortification activities by the private sector and the establishment of a framework for their sustainability and further expansion.

76. **Design and methodology**. This cost-benefit analysis of a prospective investment outlines a strategic phased approach for mandatory universal flour fortification to combat iron and folic acid deficiencies. The methodology used a modified version of the well tested PROFILES calculator, a computer simulation model developed in 1994 by Barton Burkhalter and Jay Ross of the Academy for Educational Development (United States) with financial support from the United States Agency for International Development. In this externally validated protocol, impact is extrapolated from known causal analyses available in epidemiological and investment appraisal literature, thus avoiding the need to locally "reinvent the wheel".

77. The assessment covers national costs and benefits of adding iron and folic acid to flour over a 10-year period after the initiation of the project and net internal rates of return at a 5-per-cent rate of interest. Costs considered include public costs of creation of standards, legislation and enforcement, and private costs of training, equipment and supplies. Effects include the number of birth defects averted and deaths prevented. Benefits are assigned dollar values, including productivity gains from cognitive improvement, productivity in the blue collar and manual labour forces, and reductions in health costs associated with birth defects, surgery, hospitalization and clinic visits.

78. The overall assessment was conducted by an international consultant with the support of the Kazakh Academy of Nutrition and UNICEF. The findings of the assessment were presented to and thoroughly discussed by the National Food Fortification Steering Committee.

79. **Conclusions**. Providing additional iron and folic acid offers the possibility of averting 330 child deaths from birth defects, and 770 surgical interventions to ameliorate the consequences of birth defects, over 10 years. Reducing micronutrient and mineral deficiencies lowers health-care costs and increases the productivity of adult workers. Total financial benefits over 10 years would be about $170 million, and costs about $15 million, with net benefits of about $155 million.

80. Widespread consumption of bread and other wheat flour products indicates that fortification of flour with iron, folic acid and other vitamins and minerals can reduce birth defects, cognitive loss and also enhance labour productivity. With 4 million-6 million people suffering from iron-deficiency anaemia and millions more at risk, the flour production industry and its distribution infrastructure offer a sustainable channel to provide these nutrients to the entire Kazakh population, a task that cannot be achieved by the health system alone.

81. Under the project supported by the ADB, a special fortification formula ("KAP premix"), which includes iron, folic acid, zinc and such B-complex vitamins as thiamin, riboflavin and niacin, was developed. This assessment undertook a cost-benefit analysis for only two components of the KAP premix, iron and folic acid. Consideration of such other components as zinc and other vitamins would produce higher net benefit figures.

82. This summary of the cost-benefit analysis indicated that the annual costs of flour fortification would stabilize at $1.5 million after the initial investment phase (by 2010). Annual benefits would then be about $22 million. The break-even point would be reached in 2005, the second year of the programme.

83. The findings were discussed at various high-level meetings and as a result, a substantive article was added to the Law on Quality and Safety of Food Products for mandatory flour fortification. The draft law was approved by the Parliament in early 2004 and signed by the President of the Republic of Kazakhstan.

Rights-based education for tolerance and peace in the former Yugoslav Republic of Macedonia

84. **Reasons for the evaluation**. The "Same-Alike-Different" project was implemented between October 2002 and July 2003, spurred by the need to promote healing processes in ethnically mixed schools in areas previously affected by conflict. Activities facilitated jointly by external trainers and teachers included school-based, extra-curricular classes on life skills in mixed language groups, sports, training on interpersonal relations and such social activities as theatre and cinema visits and parties.

85. As the pilot period was only one year, the changes were not expected to be radical. The purpose was to find out whether there were any noted changes among majority ethnic Macedonian and minority ethnic Albanian and Roma children in ethnical stereotyping and their mutual acceptance as a result of their involvement in the "Same-Alike-Different" project. Improvements in mutual acceptance and decreases in stereotyping were presumed to translate into improved ethnic relationships and healing, and enhanced prospects for future stability.

86. An early evaluation was encouraged by the ongoing drafting of a national education reform programme. It was necessary to assess whether a project of this type could be adapted and integrated into the national reform process.

87. **Summary of design and methodology**. The purposive sampling procedure used in this evaluation of quantitative impact and qualitative project design may have biased some results, but was a necessary product of the project design itself. Most schools were not ready to bring together children from different ethnic groups to spend time and learn from each other. The schools that participated in the project

were ones which already had a higher degree of willingness to contribute to community healing processes and the re-establishment of social cohesion.

88. The parameters used to assess success were: strengthening of self-confidence; increased rates of interface with members of other ethnic groups; challenging of inter-ethnic stereotypes and acceptance in order to promote changes; and acquisition of knowledge and skills for conflict resolution.

89. Baseline and follow-up assessments were conducted with 152 parents and 217 children aged 10-11 years (grade 4) from four ethnically mixed schools. The children sampled included 45 ethnic Macedonian children, 109 ethnic Albanian children, 39 Roma children and 24 children from other ethnic groups in the country. (This last mixed group was not analysed further due to the small numbers of children in the sample.) The children in each school were from similar socio-economic backgrounds, but these differed between schools. There was also an independent ex-post assessment of the impact of the project on daily work in the classroom, conducted by focus group work with the 10 fourth-grade teachers involved. Interviews on the project's design were conducted with key informants.

90. The evaluation covered a somewhat limited sample of children, but significant verification of positive results from children is available through triangulation, using responses obtained from teachers and parents.

91. The evaluation was conducted by consultants from the implementing partner (Centre for Human Rights and Conflict Resolution) who had not participated in the implementation of the project activities. At the end of the pilot project, the findings were discussed with project participants and representatives of the Ministry of Education and Science.

92. This evaluation also contributed to an initiative launched by the Organization for Security and Cooperation in Europe on coordinating donors' efforts to improve the contribution of education to peace-building, in which UNICEF is playing a leading role.

93. The pilot project addressed the principle of non-discrimination. Teaching children in grade four to understand other ethnic groups and treat them with respect and dignity contributes to their development into responsible citizens who promote democratic values and principles of peace and tolerance. A national-level programme could contribute to psychological recovery and rebuilding of social cohesion.

94. **Conclusions**. Comparison of baseline and end-period project results showed different results for the different ethnic groups. Initially, most children had more favourable perceptions about their own ethnic group, but the Roma children had a negative self-image and more favourable opinions about the majority group than their own. By the end of the pilot project, the intensity of these prejudices had diminished in different ways for each of the three ethnic groups. The ethnic Macedonian children became more favourable towards others and the self-image of the Roma children improved. Children initially wanted to play only with their own group (92 per cent), but this improved by about 28 per cent.

95. These results were verified by triangulation with teachers' observations, which found that children were more able to resolve conflicts, used more positive language about other ethnic groups, and would play with them more often. Further verification came from triangulation with results from parents, who noted that children had new friendships, were more aware of the language, traditions and cultures of others, and spent more time with children of other ethnic groups.

96. Following the evaluation, the pilot phase was considered complete. Current national policy foresees breaking up segregated classes (in the former Yugoslav Republic of Macedonia, children learn in four different languages). The specific curricular activities to be included in the national programme will be the lowest-cost components of the pilot project: sessions on stereotypes and conflict resolution, which will be integrated into the life-skills programme, and on such mainstream subjects that do not require a lot of verbal communication as physical education, arts and music.

97. The Ministry of Education has established a team of experts to draft a 10-year education reform programme. Their first draft (June 2004) will include a chapter on this issue. Through dissemination of this evaluation and participation in policy formulation processes, this pilot project became an integral part of national reform processes.

98. A training package for teachers has been prepared by UNICEF and partners, based on the experiences of the project.

Prevention of child abandonment in maternity hospitals in Romania

99. **Reasons for the evaluation**. In the mid-1990s, preventing child abandonment in maternity wards was first used as a means to reduce the number of institutionalized children in Romania. Few programmes are focused on prevention, with improving child care in protection institutions the top priority. To date, preventing abandonment in the first place has received much less attention.

100. Prevention of child abandonment addresses the child's right to care by both parents. Contextual rights issues arise relating to the obligation of the State to step in to resolve cases of abandonment and the current frequent response of placing children in institutional care, rather than extending social service support to parents considering abandoning children for reasons of poverty or mental or physical incapacity.

101. Starting in 1999, UNICEF funded the establishment and operation of a number of counselling centres for mothers, located in maternity wards, which aimed at preventing child abandonment. Simultaneously, support was given for the development of community services which would help to prevent separation of the mother and child and neglect of the child.

102. **Summary of design and methodology**. A qualitative retrospective evaluation of the effectiveness of prevention of abandonment by offering counselling and social support, and of the appropriateness of the project design, was carried out in 11 maternity wards in the counties of Caras-Severin, Constanta and Vaslui, and in Medgidia and Bucharest.

103. All 11 counselling centres were visited. The key people interviewed were the directors of the implementing organizations, the project managers, the people directly involved in providing the services (hospital directors, head doctors and nurses and other representatives of the partner institutions), heads of departments and other employees of the County Department for the Protection of the Rights of the Child, mayors and the target group - mothers at risk of abandoning their newborn babies.

104. A semi-structured interview guide was used for collecting the data. Questions were specific to the roles of key people involved in the project. The evaluation collected and triangulated qualitative information on: the perceived reasons for implementation of the project; people who participated in the implementation of the project; the concrete operation of the centres and the content of the services provided; the involvement of each partner; the desired and obtained results; perceptions on the efficiency and effectiveness of the project in preventing child abandonment; and opinions and satisfaction of the mothers.

105. The evaluation was performed by an independent consultant with terms of reference developed by the child protection team of the UNICEF country office. Participants in the evaluation process were key individuals working in public institutions and NGOs.

106. **Conclusions**. It was found that in the maternity wards, services to prevent child abandonment focus on five categories of clients, each requiring different types of assistance:

(a) Mothers who run away from the hospital shortly after birth and leave their children behind. Usually, they come to give birth at the last moment, do not carry identification documents and are considered at high social risk. Locating them can prove to be difficult. Even when located, these mothers typically refuse counselling. They do not change their decision to abandon the child, which was made long before the child was born;

(b) Mothers who state that they want to give up the child, and perceive the baby as an "accident" which would "unrightfully" complicate their lives. They do not get close to the child, refuse to breastfeed and also refuse any attempt to receive counselling from social workers. Most of these mothers (often university students) come from well-to-do families. Their decision to abandon the child is strongly supported by their own mothers and sometimes by the doctors in the maternity wards. Social workers focus on reducing the time spent by the child in the hospital;

(c) Mothers who do not want to abandon their child, but do not have either the minimal living conditions or income to support the child. Temporary housing solutions are identified, as are linkages to community resources. These cases are usually monitored and child abandonment is usually prevented;

(d) Mothers at high social risk due to poverty, large numbers of children or lack of education. They are informed about their rights and family planning and other services they may use, in order not to have to abandon the child;

(e) Mothers with mental disabilities or other diseases, perhaps from special placement centres, who are homeless, have no incomes and no family. Many are well known to the hospitals. The children are often born with malformations.

107. No statistics on the numbers of children abandoned at birth or in paediatric departments of hospitals proved to be available. Almost all heads of obstetrics, gynaecology and neonatology departments "think" that frequency of child abandonment did not decrease following establishment of the counselling centres, but medical staff believe that the length of stay of abandoned children in maternities was reduced.

108. Prevention of child abandonment in maternity hospitals remains one of the most difficult goals for the reform of child protection and health systems in Romania. It was learned that preventing child abandonment cannot only be conducted in the maternity, as the decision to abandon the child is made by the pregnant woman, and externally supported, for several months prior to childbirth.

109. The findings prompted the country office to start an in-depth study of the causes of child abandonment, focusing on the entire maternity experience, from the start of pregnancy. A multisectoral working group is composed of professionals representing the National Authority for Child Protection and Adoption in the Ministry of Labour, Social Solidarity and Family, the Institute for Mother and Child Care in the Ministry of Health, the Sociology Department of the University of Bucharest, the International Foundation for Child and Family, Holt International and UNICEF. This follow-up study began in April 2004 and the results are expected at the end of September 2004.

Conclusions

110. All countries in the region have short-term, and 15 have long-term IMEPs. The annual reports of country offices in the region for 2003 listed 191 completed evaluations and studies. In 2003, 100 executive summaries of evaluations and studies completed in 2002 were published and distributed as stand-alone documents to share useful experiences and lessons learned. The executive summaries of evaluations and studies completed in 2003 will be published in 2004.

111. To strengthen the monitoring and evaluation function throughout the region, the Regional Office is supporting capacity development. Two subregional training workshops have been held, each attended by about 50 staff members from five offices. In most cases, heads of office also attended. Training capacities are being enhanced through partnership with the International Programme Evaluation Network, a network of Russophone evaluators.

112. Routine usage of the Programme Evaluation Standards, a quality control tool, is being promoted. The Regional Office is also supporting the use of standardized evaluation protocols that have been tested and validated by inter-agency specialist groups. Pre-existing standard protocols have been used in this region, generally in more than one country, to assess flour fortification (as described in the report from Kazakhstan above), salt iodization and immunization programmes.

113. In some new areas, standard protocols do not yet exist, for example for integrated early childhood development, child protection and the youth participation aspects of programmes for young people's health and development. The regional strategy is to create networks of staff working on similar issues to conduct peer reviews of evaluation protocols and results.

114. A multicountry regional evaluation of programmes promoting young people's participation is currently underway. This regional sub-emphasis of the MTSP is a frontier area for which scant documentation is available. Field work using a standardized protocol in seven countries will be followed by a workshop to draw together successes and examples of best practice. Young people have given leading roles in the evaluation process, including local adaptation of design. In the Republic of Moldova, for example, they have declared their intention to create a national network of young evaluators, present papers at professional conferences, evaluate other programmes (including those of UNICEF) and interact with networks of evaluation professionals in other countries.